

Weymouth Historical Society

Membership Application

Name: _____

Address: _____

Town: _____ State: _____ Zip: _____

Phone: (____) _____ Email: _____

• *Single Member* *\$15 Annually*

• *Senior or Student* *\$12 Annually*

• *Corporate Membership* *\$75 Annually*

• *Optional Donation* \$ _____

• *Renewal* \$ _____

Please make payable to: Weymouth Historical Society

Mail: Weymouth Historical Society
Membership Chairman
PO Box 56
South Weymouth, MA 02190

Online payments: <https://link.clover.com/urlshortener/cKHrVF>

Pay with Clover:

