# Maltese American Benevolent Society, Inc.
# 1832 Michigan Avenue, Detroit, Michigan 48216
# 313.961.8393

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## APPLICATION FOR MEMBERSHIP

I, _____, would like to apply for (select one) :

print first and last name above

_____ **Maltese** Membership ($40) _____ **Associate** Membership ($25)

to the Maltese American Benevolent Society, Inc.

My present address, telephone number and e-mail address are:

| | | |
|---|---|---|
| Address: | City: | State: |
| E-mail Address: | Telephone Number: | Zip Code: |

**If applying for Maltese Membership**, please provide details below to support your request for Maltese Membership. Note, additional information may be required by the Executive Board prior to approval of your membership request. Sample information to be provided include: Name(s) of current MABSI member(s) that is your descendant; Your Maltese parent(s) First and Last Name (maiden if mother); Island and Village your most direct descendant is from, family history, etc…

_____

_____

_____

_____

**I promise** to abide by the Constitution and By Laws if accepted as a member. I realize that any false statement made by me will result in immediate termination of my membership and the forfeiture of all dues paid. I am including my annual membership dues with this application. Upon approval by the Executive Board, I will receive my member card.

_____

Applicant Signature and Date

**Reference from one (1) current Maltese Member:**

As a current Maltese Member of the Maltese American Benevolent Society, Inc., I understand that I have a responsibility to this organization to refer individuals, which meet the criteria under our Constitution and By Laws and understand my responsibilities as a referring Maltese Member under our Constitution and By Laws.

_____ _____

Print Name Current Member Signature & Date