

# MEMBERSHIP ENROLLMENT

## Choose your membership category:

- Individual (\$40)
- Family (\$60)
- Lifetime (\$1,000; Age 60 or older - \$500)
- Corporate (\$100)

## Member Information (Indicate title for each name: Ms./Mrs./Mr./Dr.)

Name \_\_\_\_\_ DOB \_\_\_\_\_

Name \_\_\_\_\_ DOB \_\_\_\_\_

Child name \_\_\_\_\_

Child name \_\_\_\_\_

Child name \_\_\_\_\_

Child name \_\_\_\_\_

Business name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Email \_\_\_\_\_

Phone \_\_\_\_\_

Membership # (renewals only) \_\_\_\_\_

- I am an Alden descendant.
- I am interested in certifying my Alden lineage.

## Method of Payment

- My check is enclosed, payable to Alden Kindred of America
- Please charge my \_\_Mastercard \_\_Visa \_\_Discover

Card # \_\_\_\_\_ EXP \_\_\_\_/\_\_\_\_

cvv \_\_\_\_\_ Billing Zipcode \_\_\_\_\_

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