



Maltese American Benevolent Society, Inc.

1832 Michigan Ave.

Detroit, MI 48216

313.961.8393

www.detroitmaltese.com

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

- ☐ Maltese Membership, \$25.00/yr.
- ☐ Associate Membership, \$15.00/yr.

To the Maltese American Benevolent Society, Inc. My current Address, Telephone Number, and Email Address is: (Please Print Neatly)

Street Address: _____

City: _____

State/Province: _____

Zip/Postal Code: _____

Email Address: _____

Telephone Number: _____

Please explain your Maltese Lineage/Heritage (if applying for Maltese Membership)

- Use back of form if necessary

By signing this form, I promise to abide by the Constitution and By-Laws if accepted as a member. Additionally, any false statements, or breaches of the Constitution and By-Laws could result in immediate termination of Membership (both Maltese or Associate), without refund of any dues paid. I am also including my annual membership dues with this application. Upon approval by the Executive Board, and presentation to the General Membership, I will receive my Membership Card.

Applicant Signature and Date: _____

Reference from 1 (one) current Maltese Member in Good Standing:

As a current member of M.A.B.S.I., I attest to the best of my knowledge, the aforementioned applicant meets the criteria for Membership (as selected) based upon the requirements laid out in the Constitution and By-Laws of M.A.B.S.I., and have no reservations in regards to referring this person for membership.

Reference Signature and Date: _____

Reference Printed Name: _____