

## Portsmouth Athenæum

## Application for Subscriber

## PERSONAL INFORMATION

Your Name					
First	Middle		Last		Title
Address					
City/Town			State	Zip Code	
	home	(	)		mobile
()	work				
email 1 <	> e	email 2 <			>
Date of Birth// Month Day Yaar	_ P	Place of Bir	th		
Name of Spouse/Partner					
FAMILY INFORMATION					
Father		Mother _			
First Last			First	Last	
Children's Names & Dates of Birth					
•		•	· · · · · · · · · · · · · · · · · · ·	· · · · · · · · · · · · · · · · · · ·	
•		•			
EDUCATION please list schools attend	led and degre	ees receive	ed:		
•		•			
•		•			
CAREER/ACTIVITIES					
Occupation					
Previous Occupation(s):				ovide name of last e	employer.
Military Service & Rank if applicable					



1817	•	d/or cultural organizations and offices held:  •  •  •			
TENAS	Other Memberships:				
	Interests:				
	Awards:				
Actions					
Admissions Committee		additional information (CV, publications, etc.) you would like to provide.			
☐ Recommended	Please describe your interest	in becoming an Athenæum subscriber:			
☐ Rejected					
Date					
Board of Directors					
□ Approved					
☐ Rejected	Please identify areas in which	you will participate (✓ check all that apply):			
Date	☐ Events ☐ Leadersh	nip 🗆 Collections 🗅 Fundraising 🗀 Communications			
	☐ Facilities ☐ Finance	☐ Marketing ☐ Outreach ☐ Other			
Secretary	The following three (3) Athen	æum Proprietors have agreed to provide endorsements on my behalf:			
Initials	1				
Date	2.				
		ne Admissions Committee may <u>not</u> be endorsers			
	For legal purposes, we require	e your answer to the following question. Have you ever been convicted of a			
	crime, the record of which ha	s not been annulled?			
	Applicant Signature:	Date:			
	Please return your completed application to:				
	Portsmouth Athenæum	or send via email to: < thardiman@portsmouthathenaeum.org >			
2	attention: <b>Keeper</b> 9 Market Square Portsmouth, NH 03801	please visit our website: < www.portsmouthathenaeum.org>			