



**Please print this form and return it with your check made payable to:**

"New Bedford Preservation Society" and mail to:  
New Bedford Preservation Society  
P. O. Box 1618,  
New Bedford, MA 02741

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## Application For Historic Marker Program

NAME

ADDRESS OF SUBJECT PROPERTY

CITY

STATE

ZIP

PHONE

EMAIL

MAILING ADDRESS (IF DIFFERENT FROM ABOVE)

CITY

STATE

ZIP

Are you currently a member of the New Bedford Preservation Society? YES      NO

Please include in the space provided below any pertinent information which will assist the New Bedford Preservation Society's Review Board in its evaluation of your application.