



B.Q.P.A.
BARBERSHOP QUARTET PRESERVATION ASSOCIATION
THE PIONEERS
MEMBERSHIP APPLICATION
 Please Print Legibly

B.Q.P.A. MEMBERSHIP FEE \$15.00 U.S.
 MAKE CHECK PAYABLE TO 'B.Q.P.A.'
 MAIL CHECK AND APPLICATION TO:
 ED SIMONS, 7919 LANYARD DR
 PARMA, OH 44129

NAME INFORMATION

SAL.	FIRST NAME	MIDDLE NAME OR INITIAL	LAST NAME	SUFFIX	NICKNAME OR PREFERRED NAME

ADDRESS INFORMATION

ADDRESS	CITY	STATE	ZIP CODE	COUNTRY

CONTACT INFORMATION

HOME PHONE	CELL PHONE	E-MAIL ADDRESS	SPOUSE NAME

ADDITIONAL BARBERSHOP INFORMATION

CHECK APPLICABLE ORGANIZATION BOX(es)

B.H.S.	<input type="checkbox"/>	B.H.A.	<input type="checkbox"/>	F.A.B.S.	<input type="checkbox"/>	S.A.B.S.	<input type="checkbox"/>
H.I.	<input type="checkbox"/>	B.I.N.G.	<input type="checkbox"/>	I.A.B.S.	<input type="checkbox"/>	S.N.O.B.S.	<input type="checkbox"/>
S.A.I.	<input type="checkbox"/>	D.A.B.S.	<input type="checkbox"/>	N.Z.A.B.S.	<input type="checkbox"/>	S.P.A.T.S.	<input type="checkbox"/>
B.A.B.S.	<input type="checkbox"/>						

CHECK APPLICABLE B.H.S. DISTRICT BOX(es)

CAR	<input type="checkbox"/>	ILL	<input type="checkbox"/>	NED	<input type="checkbox"/>	RMD	<input type="checkbox"/>
CSD	<input type="checkbox"/>	JAD	<input type="checkbox"/>	NSC	<input type="checkbox"/>	SLD	<input type="checkbox"/>
DIX	<input type="checkbox"/>	LOL	<input type="checkbox"/>	ONT	<input type="checkbox"/>	SUN	<input type="checkbox"/>
EVG	<input type="checkbox"/>	MAD	<input type="checkbox"/>	PIO	<input type="checkbox"/>	SWD	<input type="checkbox"/>
FWD	<input type="checkbox"/>						

VOCAL PART(s)

TENOR	<input type="checkbox"/>
LEAD	<input type="checkbox"/>
BARITONE	<input type="checkbox"/>
BASS	<input type="checkbox"/>
AFFICIONADO	<input type="checkbox"/>

OTHER ORGANIZATION

ENTER H.I. AREA(S)

ENTER S.A.I. REGION(S)

ENTER ORGANIZATION(S) CHAPTER OR CHORUS NAME

ENTER QUARTET NAME