



BIRTH MONTH/DAY

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

B.Q.P.A. MEMBERSHIP FEE \$20.00 U.S.
MAKE CHECK PAYABLE TO 'B.Q.P.A.'
MAIL CHECK AND APPLICATION TO:
MR LEE TAYLOR
772 E 9630 S
SANDY, UT 84094-3509

NAME INFORMATION

SALUTATION
MR, MRS, MS,
DR, REV, ETC.

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. B.H.A. F.A.B.S. S.A.B.S.
- H.I. B.I.N.G. I.A.B.S. S.N.O.B.S.
- S.A.I. D.A.B.S. N.Z.A.B.S. S.P.A.T.S.
- B.A.B.S. S.P.P.B.S.Q.S.U.S.

OTHER ORGANIZATION

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

- CAR ILL NED RMD
- CSD JAD NSC SLD
- DIX LOL ONT SUN
- EVG MAD PIO SWD
- FWD

ENTER H.I. AREA(S)

ENTER S.A.I. REGION(S)

VOCAL PART(s)

- TENOR
- LEAD
- BARITONE
- BASS
- AFFICIONADO

ENTER ORGANIZATION(S) CHAPTER OR CHORUS NAME

ENTER QUARTET NAME