



**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:  
MR LEE H TAYLOR  
772 E 9630 S  
SANDY, UT 84094-3509

**NAME INFORMATION**

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SALUTATION      FIRST NAME      MIDDLE NAME OR INITIAL      LAST NAME      SUFFIX      NICKNAME OR PREFERRED NAME

MR. MRS. MS.  
DR. REV. ETC.

**ADDRESS INFORMATION**

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ADDRESS      CITY      STATE      ZIP CODE      COUNTRY

**CONTACT INFORMATION**

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HOME PHONE      CELL PHONE      E-MAIL ADDRESS      SPOUSE NAME

**ADDITIONAL BARBERSHOP INFORMATION**

CHECK APPLICABLE ORGANIZATION BOX(es)

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

VOCAL PART(s)

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"/>			

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"/>			

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