



# 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 H 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.   | <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"/> |          |                          |            |                          |            |                          |

OTHER ORGANIZATION

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"/> |     |                          |     |                          |     |                          |

ENTER H..I. AREA(S)

ENTER S.A.I. REGION(S)

VOCAL PART(s)

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

ENTER ORGANIZATION(S) CHAPTER OR CHORUS NAME

ENTER QUARTET NAME