



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. ED SIMON
7919 LANYARD DR
PARMA, OH 44129-4448

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