Barbershop Quartet Preservation Association

Membership Application

☐ Mr.

☐ Mrs.

☐ Ms.

Name: _____ _____ _____
First MI Last

Address: _____

_____ _____ _____ _____
City State Zip Code Country

Phone: (_____)_____

Cell Phone: (_____)_____

EMAIL: _____

Please Print Clearly

Voice(s): Tenor ☐ Lead ☐ Baritone ☐ Bass ☐

BHS, SAI, HI, BABS, other affiliation? _____

Affiliate Identification No. i.e., (BHS 111936, HI 335679, etc.) _____

Chapter/Club/City _____

District/Region/Area _____

Quartet Name: _____

BQPA Membership fee $15 U.S.

Make check payable to BQPA
Mail check and application to: Ed Simons
7919 Lanyard Dr.
Parma, OH 44129