

Bolles Family Association



New and Renewal Membership Application 2024

		Date of Application:	
Name (Last, First Middle): _			
Date of Birth:	Bolles Genealogy Numbers (and Letters) if known:		
Spouse's Name (Last, First Mi	ddle):		
Street Address:			
Apt/Unit #:	City/Town:		
State:	Zip+4:	Country:	
Email:		Phone(s):	
Children living at Home: (Lass	r, First & Middle)/Birth date	s:	
Children not living at Home:	(Last, First & Middle)/Birth	dates:	
Father's Name (Full Name, D	ate of Birth or Year & BFA	#):	
Mother's Name (Full Name, [Date of Birth or Year & BFA	A #):	
Maternal Grandparents (Full I	Names, Date of Birth or Ye	ar & BFA #):	
Paternal Grandparents (Full N	lames, Date of Birth or Yea	ar & BFA #):	
M embershi	p dues are due the first	of the calendar year. Membership in	cludes spouse.
New (Includes Membership Co	ırd, Free Bolles Crest Decal, a	nd 2 Bolles Bookmarks)	
	☐ Printed: \$20.00/year	☐ Electronic: \$15.00/year	
Renewal (Includes Current Me	embership Card)		
	☐ Printed: \$20.00/year	☐ Electronic: \$15.00/year	
Is this a Gift Membership?	☐ Yes Fro	m:	
For the year(s): 2024	□ 2025 □ 2026	□ 2027 □ 2028 □ Through	year 20
Total amount for Membership	o: Printed vs Electronic \$	x Number of Years	= \$
Ext	tra decals: \$2.50 x	Number Requested:	= \$
Ext	tra bookmarks: \$1.50 x	Number Requested:	= \$
Total amount: (Please m	ake check payable to: Bolles	s Family Association)	= \$
	Mail to: The Bolles F c/o Walt Bo 437 South R Sullivan, NH	lles .oad	
Me	mbership questions? Email:	w44bolles@yahoo.com	
For 2nd Vice President—Men	nbership Use: Date Rec:	Date Kit Sent	