

**BFA MEMBER APPLICATION OR RENEWAL FORM**  
**LIFE, LEGACY AND HONORARY MEMBERS – DOES NOT APPLY**

The Bolling Family Association  
P.O. Box 591  
Vienna, VA 22183-0591

Date: \_\_\_\_\_

I am applying for membership ( ) or renewing ( ) my membership and am enclosing my check as shown below.  
If a former member who has not paid for the current year, please show your last year of paid status: (\_\_\_\_\_).

**Membership application fee or membership renewal is \$30. For Life or Legacy Membership fill in below completely.**

( ) I wish to make a ( ) full or ( ) partial payment for a ( ) Life (\$500) or Legacy (\$750) membership.  
I understand that I can pay in \$100 increments over a two year period. I will no longer have to pay annual dues.

Name: \_\_\_\_\_

Spouse Name: \_\_\_\_\_

Address: \_\_\_\_\_

Tel Nr: \_\_\_\_\_ Email: \_\_\_\_\_

Do you wish your telephone number/email published in the member directory? Yes ( ) No ( )

Please list your Bolling/Bowling/Bowlin/etc. ancestor, and birth and death dates (if known). List a more recent 18<sup>th</sup> century ancestor (if known), or provide if it is not correctly shown in the member directory.

\_\_\_\_\_

If you want to pay someone else's new or renewal membership fee, include name and all information on the back of this application. If you have your genealogical information and wish it entered in the BFA Data Base, please attach to application.

**Order Form for Publications/or Sales items listed in newsletter (price includes shipping – use reverse side if necessary)**

List Title of Volume or Sales Item	Number ordered	Price (each)	Total
_____	_____	_____	_____

**Membership Fee \$30**

**Full or partial payment toward a Life or Legacy  
Membership (amount enclosed)**

\_\_\_\_\_

**Payment for other(s)**

\_\_\_\_\_

**Donation to the Bolling Foundation (tax deductible)**

\_\_\_\_\_

**Check NR:** \_\_\_\_\_

**Date:** \_\_\_\_\_

**Total Amount included:** \_\_\_\_\_