

**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, not currently paid through 2018, please show your last year of paid status: (_____).

() my new membership application fee for 2019 () my membership renewal for 2019.

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.

Current Member Name: _____

PROVIDE ANY CORRECTED OR NEW INFORMATION FOR THE MEMBER DIRECTORY:

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 18th 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 fee and provide required information below:

Name: _____

Address: _____

Ancestor: _____

Telephone Number and email address:

Can be listed in directory (Circle one – Yes No) _____

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 (not paid if sending in payment for Life or Legacy Membership) | | | \$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: | |

