



Bolles Family Association



New and Renewal Membership Application 2025

Date of Application: _____

Name (Last, First Middle): _____

Date of Birth: _____ Bolles Genealogy Numbers (and Letters) if known: _____

Spouse's Name (Last, First Middle): _____

Street Address: _____

Apt/Unit #: _____ City/Town: _____

State: _____ Zip+4: _____ Country: _____

Email: _____ Phone(s): _____

Children living at Home: (Last, First & Middle)/Birth dates: _____

Children not living at Home: (Last, First & Middle)/Birth dates: _____

Father's Name (Full Name, Date of Birth or Year & BFA #): _____

Mother's Name (Full Name, Date of Birth or Year & BFA #): _____

Maternal Grandparents (Full Names, Date of Birth or Year & BFA #): _____

Paternal Grandparents (Full Names, Date of Birth or Year & BFA #): _____

Membership dues are due the first of the calendar year. Membership includes spouse.

New (Includes Membership Card, Free Bolles Crest Decal, and 2 Bolles Bookmarks)

☐ Printed: \$20.00/year

☐ Electronic: \$15.00/year

Renewal (Includes Current Membership Card)

☐ Printed: \$20.00/year

☐ Electronic: \$15.00/year

Is this a **Gift Membership**? ☐ Yes From: _____

For the year(s): ☐ 2025 ☐ 2026 ☐ 2027 ☐ 2028 ☐ 2029 ☐ Through year 20_____

Total amount for Membership: Printed vs Electronic \$_____ x Number of Years _____ = \$ _____

Extra decals: \$2.50 x Number Requested: _____ = \$ _____

Extra bookmarks: \$1.50 x Number Requested: _____ = \$ _____

Total amount: (Please make check payable to: Bolles Family Association) = \$ _____

Mail to: The Bolles Family Association
c/o Walt Bolles
437 South Road
Sullivan, NH 03445

Membership questions? Email: w44bolles@yahoo.com

For 2nd Vice President—Membership Use: Date Rec: _____ Date Kit Sent: _____