

~TRANSATLANTIC BRIDES & PARENTS ASSOCIATION ~
"A British Heritage Society"
APPLICATION FOR MEMBERSHIP

NAME - FULL _____ DATE _____

ADDRESS _____ ZIP CODE _____

TELEPHONE # WITH AREA CODE _____ EMAIL ADDRESS _____

NAME OF BRANCH JOINING _____ AREA _____
OR

IS APPLICANT JOINING AS A POSTAL MEMBER? _____ POSTAL AREA _____

PLACE OF BIRTH IN U.K. _____ DATE OF BIRTH _____
OR (Month/Year)

NAME OF RELATIVE BORN U.K. _____ RELATIONSHIP _____

ADDRESS OF NEAREST RELATIVE IN THE U.K. _____

RELATIONSHIP _____

THIS PORTION MUST BE COMPLETED

HAVE YOU PREVIOUSLY BEEN A MEMBER OF TBPA? _____ NAME OF FORMER BRANCH _____

and
DATE OF FORMER MEMBERSHIP _____ NAME OF FORMER AREA/STATE _____

(Approximate Year)

I DECLARE THE ABOVE DETAILS ARE TRUE AND
I AGREE TO ABIDE BY THE RULES OF THE ASSOCIATION

SECRETARY TO INITIAL & DATE AS DUES PAID:

_____/_____/_____/_____/_____
_____/_____/_____/_____/_____
_____/_____/_____/_____/_____

SIGNED _____

GEN. SEC. - WHITE AREA - YELLOW BRANCH - PINK

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