



The Friend Family Association of America

P. O. 96, Friendsville, Maryland 21531

www.friendfamilyassociation.com

--APPLICATION FOR MEMBERSHIP--

Date _____

Applicant's Name _____

Address _____ Email _____

City _____ State _____ Zip _____ Phone _____

Place of Birth _____ Birth Date _____

Occupation _____

Spouse's Name _____ Date Wed _____

Place of Birth _____ Birth Date _____

Occupation _____

Applicant's Father's Name _____

Place of Birth _____ Birth Date _____

Mother's Maiden Name _____ Date Wed _____

Place of Birth _____ Birth Date _____

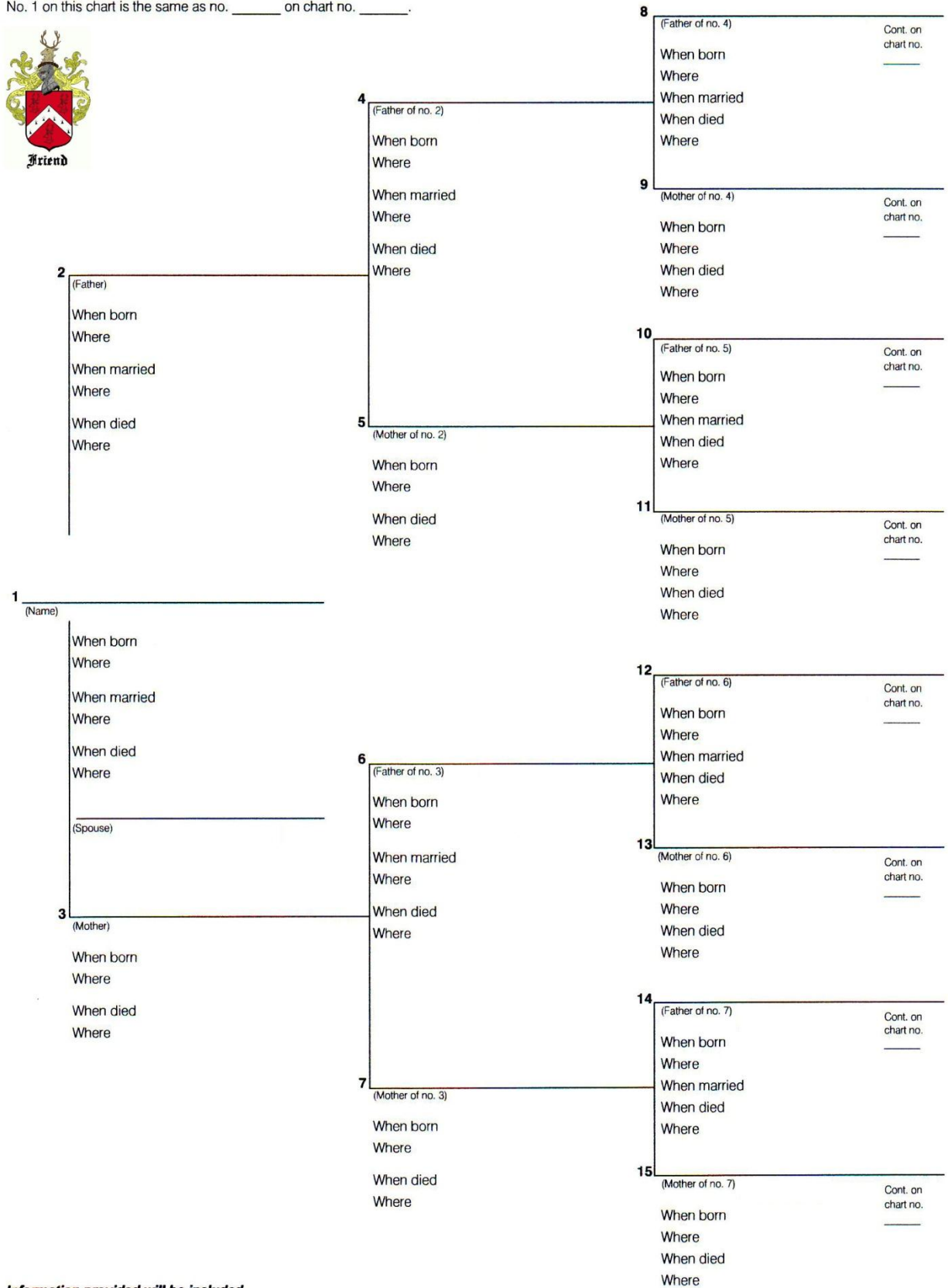
Name(s) of earliest known ancestor(s) _____

Type of Membership Requested	Mail Application and Dues to
____ Regular Member, per calendar year - \$25.00 ____ Individual Life Member - \$250.00	Friend Family Association of America P O Box 96 Friendsville MD 21531
Information contained in this application shall become a part of the Friend Family Association Library	For further information contact membership@friendfamilyassociation.com

Pedigree Chart

Chart no. _____

No. 1 on this chart is the same as no. _____ on chart no. _____.



**Information provided will be included
in The Friend Family Association of
America genealogical data bank.**