**Hallman Family Association Membership Application**

**Changes were made to the by-laws instituting a lifetime membership for a $25.00 fee.**

**If you were a member and wish to continue your membership status, please complete the top half of the form and mail to Bev Bean along with your check.**

**Name: First Middle Last**

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**Address: Street City State Zip code**

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**Email:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_PhoneNumber:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Fee Required: $25.00 check must accompany membership application payable to:**

**The Hallman Family Associatiom**

**Mail to: Hallman Family Association**

 **c/o Beverly Bean**

 **3118 Nottingham Road**

 **Norristown, PA 19403**

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**If applying for membership for the first time, please complete the entire form and mail to the address provided.**

**Who is your connection to the Hallman Family Association?**

 **(ex. My grandfather was Ephraim Moyer Hallman from Skippack area. His father was Isaac & his mother was Lydia.) Use back of form to provide genealogy information.**

**Have you ever attended a HFA Reunion? Yes No**

**Have you attended in the last 5 years? Yes No**

**Unsure of the connection or to verify your Hallman family ancestry, email Martha Hallowell Norris , family historian at: hallwox@comcast.net**

**One person per application. Reminder – spouses may also be members. Copies of this form may be made as needed.**