



## Application to Join the Ort(h)lieb Family Association

North American Office Address: 13 Green Valley Road, Wallingford, PA 19086-6050 USA

### ***Application for Admission as a Full Member***

Under the family birth-name of (check one)  ORTLIEB or  ORTHLIEB

First and All Middle Names: \_\_\_\_\_

Date of birth: \_\_\_\_\_  
yyyy mm dd

Place of Birth: Town: \_\_\_\_\_

State: \_\_\_\_\_ Country: \_\_\_\_\_

Marital Status:  Single  Married  Widowed  Divorced

If Married, Full Name of Spouse: \_\_\_\_\_

Home Address: Street: \_\_\_\_\_

State: \_\_\_\_\_ Country: \_\_\_\_\_

Home Phone: \_\_\_\_\_

Profession (optional): \_\_\_\_\_

### **Father**

Full name (include all middle names): \_\_\_\_\_

Date of birth: \_\_\_\_\_  
yyyy mm dd

Place of Birth: Town: \_\_\_\_\_

State: \_\_\_\_\_ Country: \_\_\_\_\_

### **Mother**

Full Name (include all middle names): \_\_\_\_\_

Maiden Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
yyyy mm dd

Place of Birth: Town: \_\_\_\_\_  
State: \_\_\_\_\_ Country: \_\_\_\_\_

### **Grandfather**

Full name (include all middle names): \_\_\_\_\_

Date of birth: \_\_\_\_\_  
yyyy mm dd

Place of Birth: Town: \_\_\_\_\_  
State: \_\_\_\_\_ Country: \_\_\_\_\_

### **Grandmother**

Full name (include all middle names): \_\_\_\_\_

Maiden Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
yyyy mm dd

Place of Birth: Town: \_\_\_\_\_  
State: \_\_\_\_\_ Country: \_\_\_\_\_

The Undersigned, having knowledge of the By-laws of the Association, agrees to them and requests to be admitted as a **Full Member** according to Article 4 of those By-Laws, Enclosed is a check for US\$32 for membership through 31 December 2002.

Date & Signature: \_\_\_\_\_

*If the Administrative Council does not accept this applicant, the application and check will be returned, together with an explanation of its action.*

Make checks payable to: **The Ort(h)lieb Family Association**



## Application to Join the Ort(h)lieb Family Association

North American Office Address: 13 Green Valley Road, Wallingford, PA 19086-6050 USA

### *Application for Admission as an Associate Member*

Full name (include all middle names): \_\_\_\_\_

Date of birth: \_\_\_\_\_  
                  yyyy          mm      dd

Place of Birth: Town: \_\_\_\_\_

State: \_\_\_\_\_ Country: \_\_\_\_\_

Home Address: Street: \_\_\_\_\_

State: \_\_\_\_\_ Country: \_\_\_\_\_

Home Phone: \_\_\_\_\_

Profession (optional): \_\_\_\_\_

Relationship:        Daughter        Son        Spouse

Of an (check one)    ORTLIEB   or    ORTHLIEB

Date and Place of Marriage: \_\_\_\_\_  
  Spouse Only

### **Father**

Full name (include all middle names): \_\_\_\_\_

Date of birth: \_\_\_\_\_  
                  yyyy          mm      dd

Place of Birth: Town: \_\_\_\_\_

State: \_\_\_\_\_ Country: \_\_\_\_\_

### **Mother**

Full Name (include all middle names): \_\_\_\_\_

Maiden Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
yyyy mm dd

Place of Birth: Town: \_\_\_\_\_

State: \_\_\_\_\_ Country: \_\_\_\_\_

The Undersigned, having knowledge of the By-laws of the Association, agrees to them and requests to be admitted as a **Associate Member** according to Article 4 of those By-Laws. Enclosed is a check for US\$11 for membership through 31 December 2002.

Date & Signature: \_\_\_\_\_

*If the Administrative Council does not accept this applicant, the application and check will be returned, together with an explanation of its action.*

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