

Become a member of The Brantley Association!

Name: _____

Address: _____

City, State, Zip Code: _____

Telephone Number: _____

Email Address: _____

Tell us a little about your Brantley ancestors. Give us the name of your oldest known Brantley ancestor whose birth and death dates are confirmed.

Maternal Ancestor

Surname: _____

Given Name: _____

Birth Date: _____

Death Date: _____

Geographic Area: _____

Paternal Ancestor

Surname: _____

Given Name: _____

Birth Date: _____

Death Date: _____

Geographic Area: _____

Please mail this completed membership form and a check for \$25 to:

The Brantley Association
227 N Highland Ave
Rockford, IL 61107