

Society of Mayflower Descendants

in the State of Florida

chartered 31 July 1937

JUNIOR MEMBERSHIP APPLICATION



NAME OF SPONSOR _____ DATE _____

STREET ADDRESS _____

CITY, STATE & ZIP _____

SPONSOR EMAIL _____ SPONSOR PHONE NBR _____

COLONY OF SPONSOR _____ GEN# _____ FL# _____

RELATIONSHIP TO JUNIOR APPLICANT _____

I hereby sponsor the Junior Applicant identified below for Junior Membership in the Society of Mayflower Descendants in the State of Florida and do hereby affirm the following to be true and correct:

FULL NAME OF JUNIOR APPLICANT _____

ADDRESS _____	First	Middle	Last
# & Street	City	State	ZIP

Junior's Date of Birth _____

Junior's Place of Birth _____

Name of Junior's Father _____

Date & Place of Father's Birth _____

Name of Junior's Mother _____

Date & Place of Mother's Birth _____

Date & Place of Marriage of Junior's Parents _____

Name of Junior's Grandfather _____

Date & Place of Grandfather's Birth _____

Name of Junior's Grandmother _____

Date & Place of Grandmother's Birth _____

Date & Place of Marriage of Junior's Grandparents _____

Name of Mayflower Passenger _____

Sponsor's Signature _____

Colony Junior Chair Name & Signature _____

Colony Junior Chair Address _____

SPONSOR: please send the completed and signed application to your colony's Junior Membership Chair along with a check in the amount of \$30 payable to "State Treasurer."

COLONY JUNIOR CHAIR: Please sign the application to signify your approval and forward it and the check to the State Junior Chair for final processing.

TO BE COMPLETED BY STATE JUNIOR CHAIR DATE RECEIVED _____

Junior State No. _____

Elected to State Society & Notified State Treasurer and Colony _____ (date)

Mailed Jr Membership Certificate and Compact to [] Sponsor or [] Junior _____ (date)