



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 # _____

SPONSOR COLONY _____ GEN# _____ FL# _____

RELATIONSHIP TO JUNIOR _____

I hereby sponsor the Junior Applicant (under the age of 18) 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 Original 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. Then, mail the form along with 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)

Form 4.6.1 (rev 2024)