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 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 _____
First Middle Last

ADDRESS _____
& 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

_____ _____
Maiden 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

_____ _____
Maiden 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 on_____ (date)

State Chairman _____ Printed_____

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