Date		
------	--	--



MD Society Nr.

## Society of Mayflower Descendants in the State of Maryland

## **APPLICATION FOR JUNIOR MEMBERSHIP**

Applicant Informa	tion:	
First Name	Initia	als Last Name
Address		
City	State	Postal Code
Email		_
Date of Birth	Place of Bir	th
	Pilgrim Ancestor	
Relative Who is a	Maryland Mayflower Society Member:	
First Name	Initia	als Last Name
General :	Society Nr.	MD Society Nr.
	Relationship to Applicant	
Applicant's Paren	cs' Information:	
Father's First Name	Initials	Last Name
Mother's Maiden Nam	ne Initials	Last Name
Administrative Da	ta:	
Sponsor's Signature		Historian's Signature
Applicants may	sign the Sponsor box if 18 or older	Date Approved/Elected

MAIL-IN APPLICATIONS MUST BE ACCOMPANIED BY A ONE TIME DUES PAYMENT OF \$50, BY CHECK, MADE OUT TO THE MARYLAND MAYFLOWER SOCIETY. Please mail the application and check to Dwight N. Mason, Historian, Maryland Mayflower Society, 7307 Broxburn Ct., Bethesda, MD 20817-4754. Applications relying on electronic payment may be done here.