

Society of Mayflower Descendants
in the State of California

405 14th St., Terrace Level
Oakland, CA 94612

APPLICATION FOR JUNIOR MEMBERSHIP

APPLICANT

Full Name _____ Ancestor _____

Address _____

Street

City

State

Zip

Date of Birth _____ Place of Birth _____

LINEAGE

Fathers Name _____

Date of marriage _____ Place of marriage _____

Date of birth _____ Place of birth _____

Mothers full name _____

Date of birth _____ Place of birth _____

Grandfathers name _____

Date of marriage _____ Place of marriage _____

Date of birth _____ Place of birth _____

Grandmothers full name _____

Date of birth _____ Place of birth _____

If additional generations are needed to show the relationship of the applicant to the sponsor, please use the back of this application form.

SPONSOR

Name _____ Relation to Applicant _____

Address _____

Street

City

State

Zip

Member of _____ State Society State Nr. _____ General Nr. _____

NOTE:

If sponsor is not a member of the California State Society, a copy of lineage papers must be enclosed with this application.

This signed application should be returned to the above address accompanied with \$10.00 which pays dues till the Junior Member reaches the age of 18 years.

Signature of Applicant _____

Date _____

Signature of Sponsor _____