



Society of Mayflower Descendants in the State of Florida

chartered 31 July 1937

JUNIOR MEMBERSHIP APPLICATION

NAME OF SPONSOR _____

STREET ADDRESS _____

CITY, STATE & ZIP _____

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 _____

	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

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 Jr, Chair Signature & 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

Junior State No. _____

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

Mailed Jr Membership Certificate and Compact to Sponsor _____ (date)