



Society for Mayflower Descendants in the State of Delaware
Junior Membership Application

Applicant: _____
(Name in Full)

Address: _____
(Number and Street)

(City, State, and Zip Code)

Date of Birth: _____

Place of Birth: _____

Father: _____
(Name in Full)

Mother: _____
(Maiden Name in Full)

Mayflower Ancestor: _____

Signature of Sponsor: _____

Sponsor Address: _____

Numbers: _____
(initial cap State and General)

Check Relationship: Parent Grandparent Uncle Aunt

Please enclose a check for \$10 made payable to the Society of Mayflower Descendants in the State of Delaware or "SMDD" as the one time cost for membership.

Approved and Elected: _____
(Date)

By: _____
(Secretary of Junior Membership)