



**SOCIETY OF MAYFLOWER DESCENDANTS
IN THE STATE OF FLORIDA
JUNIOR MEMBER APPLICATION**

I, _____
Name and Address of Sponsor

Of _____ Colony General No. _____ State No. _____

am _____ to Junior Applicant and Sponsor for said Applicant of
Relationship
Junior Membership in the Society of Mayflower Descendants in the State of Florida, and
do hereby affirm the following to be correct:

Name and Address of Junior Applicant

Junior Date of Birth

Junior Place of Birth

Name of Father

Date and Place of Father's Birth

Name of Mother

Date and Place of Mother's Birth

Date and Place of Parent's Marriage

Name of Grandfather

Date and Place of Grandfather's Birth

Name of Grandmother

Date and Place of Grandmother's Birth

Date and Place of Grandparent's Marriage

Mayflower Passenger

Sponsor Signature

Colony Jr. Chair Signature/Address

SPONSOR: Please send the completed and signed application to your Colony Junior Chair along with a check in the amount of \$30.00 payable to the "State Treasurer".
COLONY JUNIOR CHAIR: Please forward applications and checks to State Junior Chair James W. Preston, P.O. Box 1227, Brandon, Florida 33509-1227 for final processing.

TO BE COMPLETED BY STATE JUNIOR CHAIR

Junior State No. _____
Elected to State Society, Notified State Treasurer and Colony: _____ (Date)
Mailed Membership Certificate and Compact to Sponsor: _____ (Date)