



# The Society of Mayflower Descendants in the State of New Jersey

## APPLICATION FOR JUNIOR MEMBERSHIP

**APPLICANT:**

Junior Number .....

Full Name ..... Ancestor .....

Address .....  
*Street City State Zip*

Date of Birth ..... Place of Birth .....

**LINEAGE:**

Father's Name ..... Date of Marriage .....

Place of Marriage .....

Date of Birth ..... Place of Birth .....

Mother's Full Name .....

Date of Birth ..... Place of Birth.....

Grandfather's Name ..... Date of Marriage .....

Place of Marriage.....

Date of Birth ..... Place of Birth .....

Grandmother's Full Name .....

Date of Birth ..... Place of Birth .....

**SPONSOR:**

Name ..... Relationship to Applicant .....

Address .....  
*Street City State Zip*

Member of ..... State Society State # ..... National # .....

This application, when completed and signed, should be returned to the **Junior Membership Chairman** accompanied by a fee of \$7.00 check payable to *New Jersey Mayflower Descendants*, which pays dues from date of acceptance until applicant reaches age 25.

**Susan Francese, Junior Membership Chairman, 5 Irving Court, Freehold, NJ 07728-4319**

Signature of Sponsor: .....

Date accepted by Board: .....

Signature of Junior Membership Chairman: .....

Subsequent status: .....