



The Society of Mayflower Descendants in the State of New Jersey

APPLICATION FOR JUNIOR MEMBERSHIP

Junior Number: _____

APPLICANT:

Full Name: _____ Ancestor: _____

Address: _____
Street City State 9 digit Zip Code

Phone Number: _____ Email: _____

Date of Birth: _____ Place of Birth: _____

Family member who is or was a member of the New Jersey Society:

LINEAGE:

Father's Name: _____

Mother's Full Name: _____

Grandfather's Name: _____

Grandmother's Full Name: _____

SPONSOR:

Full Name: _____ *Relationship to Applicant: _____

Address: _____
Street City State 9 digit Zip Code

Phone Number: _____ Email: _____

***Relationship to Applicant includes: parents, grandparents, great-grandparents, aunts, uncles and cousins**

Member of: _____ State Society State #: _____ National #: _____

Name of Mayflower Ancestor: _____

Signature of Sponsor: _____ Date: _____

Please check one: Mail Junior Certificate to Sponsor: _____ Mail Junior Certificate to Applicant: _____

Please return the completed application, certificates and \$10.00 check, made payable to SMDNJ, to Historian:

Linda Hoffman, 42 Sugar Maple Lane, Tinton Falls, NJ 07724-2716

Below for SMDNJ Only _____

Application Received: _____

Junior long form Birth certificate received: _____

Parents long form Birth & Marriage certificates received: _____ Father: _____ Mother: _____ Marriage: _____

Name on Check: _____ Check #: _____ Amount: \$ _____ Check Date: _____ Deposit Date: _____

Date accepted by SMD-NJ Board of Assistants: _____ Junior Number: _____ Date Certificate Mailed: _____

Signature of Membership Secretary: _____ Date: _____