

Society of Mayflower Descendants in the Commonwealth of Kentucky

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APPLICATION FOR JUNIOR MEMBERSHIP

APPLICANT

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 _____

If additional generations are needed to show the relationship of the applicant to the sponsor, please use the back of this application form.

SPONSOR

Name _____ Relation to Applicant _____

Address _____
Street City State Zip

Member of _____ State Society State Number _____ General Number _____

If sponsor is not a member of the Kentucky Society, a copy of lineage papers must be enclosed with this application. This signed application should be returned to above address accompanied with copy of child's birth certificate & \$10.00 which pays dues till Junior Member reaches the age of 25 years.

Mail Junior Membership Certificate to (check one): Sponsor _____; Parent: _____; Junior Member: _____

Signature of Applicant _____ Signature of Sponsor _____

Approved on: _____ Junior Member Number: _____ Historian _____