

Date: _____



SOCIETY OF MAYFLOWER DESCENDANTS
IN THE STATE OF OHIO

State Jr. No: _____

Colony: _____

Junior Membership Application, Birth to 18th Birthday

Name of applicant			
Street address			
City and state		Zip (9 digits)	
Phone number			
Date of birth		Place of birth - city/st	
Email			
Sponsor's name		Gen #	State #
Sponsor's address			
City and state		Zip (9 digits)	
Sponsor's Colony	<input type="checkbox"/> CIN <input type="checkbox"/> CLE <input type="checkbox"/> COL <input type="checkbox"/> TOL <input type="checkbox"/> WR <input type="checkbox"/> N/A		
Sponsor's Email			
Relationship of sponsor to applicant	<input type="checkbox"/> Parent <input type="checkbox"/> Grandparent <input type="checkbox"/> Great Grandparent <input type="checkbox"/> Aunt <input type="checkbox"/> Uncle <input type="checkbox"/> Great Aunt <input type="checkbox"/> Great Uncle <input type="checkbox"/> Cousin		
Parents (if not sponsor)			
Parents' email address			
Name of Mayflower Ancestor (one only)			

Send completed application and \$25.00 fee payable to Society of Mayflower Descendants to:
Hilda Pappas
156 Lakeshore Drive W
Hebron, OH 43025-9426

hildapappas@gmail.com

All materials will be sent directly to the child unless otherwise requested.