

Society of Mayflower Descendants in the State of Arizona

APPLICATION FOR JUNIOR FRIEND

APPLICANT:

Full Name _____

Address _____
(Street) (City) (State) (Zip+4)

Date of birth _____

FAMILY WITH WHOM APPLICANT LIVES:

_____ Father _____ Mayflower Descendant? _____

_____ Mother _____ Mayflower Descendant? _____

SPONSOR:

Sponsor's name as you wish it to appear on the certificate and in Society Newsletter:

Sponsor's relationship to Applicant and Family _____

Address _____
(Street) (City) (State) (Zip+4)

State Society # _____ General Society # _____

Mayflower Pilgrim Ancestor name _____

Date _____

Signature of Sponsor

Please enclose a check for \$25.00 payable to the Arizona Mayflower Society to cover a one-time enrollment and dues fee for applicant until age 18. Application must be made before the applicant's 18th birthday. Please send completed application and check to the Junior Membership Chair

Diane Moore

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Mesa, AZ 85209

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(480) 838-3353