

Junior Membership Application
Arizona Society of May flower Descendants

Member# _____

Date Attains 18 years _____

Date Attains 19 years _____

(leave this section blank)

Applicant:

Full Name _____ Date of Birth _____

Street Address _____

City _____ State _____ Zip+4 _____

Ancestor (in the event there is more than one, name only one) _____

Applicant's Lineage*

Father's Name _____ Date of Birth _____ Place of Birth _____

Date of Marriage _____ Place of Marriage _____

Mother's Maiden Name _____ Date of Birth _____ Place of Birth _____

Date of Marriage _____ Place of Marriage _____

Grandfather's Name _____ Date of Birth _____ Place of Birth _____

Date of Marriage _____ Place of Marriage _____

Grandmother's Maiden Name _____ Date of Birth _____ Place of Birth _____

Date of Marriage _____ Place of Marriage _____

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

Sponsor:

Name _____

Relationship to Applicant _____

Sponsor's General No. _____ Arizona State No. _____

Mail Junior Certificate to Junior _____ Mail Junior Certificate to me _____

_____ Date _____

Signature of Sponsoring Relative

Street Address _____ Phone _____

City/State/Zip+4 _____ Email _____

Approved _____ Date _____

Junior Membership Chairman

Please mail completed application together with copies of applicant's birth certificate; birth and marriage certificates of parents if readily available and a check payable to "Arizona Mayflower Society" for \$25.00.

Mail to Lynne Perry, Jr. Membership Chairman, 8114 East Savage Dr. Globe, AZ 85501
928-425-3666 or 928-812-0635 email: lynneperry@hotmail.com