



MASSACHUSETTS SOCIETY OF MAYFLOWER DESCENDANTS
150 WOOD ROAD, SUITE 103
BRAintree MA 02184-2511

VOICE 781-535-6159

msmd@massmayflower.org | www.massmayflower.org

JUNIOR MEMBER APPLICATION

I, _____
Name and Address of Sponsor

of _____ State General No. _____ State No. _____ am
the _____ of the Junior Applicant and Sponsor for said applicant
Relationship
in the Massachusetts Society of Mayflower Descendants and do hereby affirm the
following to be correct.

Name and Address of Junior Applicant

email address of Junior Applicant or parents (circle one)

Junior Birth Place

Junior Birth Date

Father's Name

Father's Birth Place and Date

Mother's Name (maiden name)

Mother's Birth Place and Date

Parents' Marriage Place

Parents' Marriage Date

Grandfather's Name (in *Mayflower* lineage)

Grandfather's Birth Place and Date

Grandmother's Name (in *Mayflower* lineage)

Grandmother's Birth Place and Date

Grandparents' Marriage Place

Grandparents' Marriage Date

Mayflower Passenger

MSMD Junior Membership Chair (*signature*)

Sponsor Signature

Chair's Address

SPONSOR: Please send the completed and signed application along with a
check in the amount of \$75 payable to MSMD Junior Membership to
MSMD, 150 Wood Road - Suite 103, Braintree MA 02184-2511.