

GSMD# _____

MI# _____

Election Date: _____

Society of Mayflower Descendants in Michigan

Please check below, whether this is an Original, Supplemental, or Jr. Life Member Application.

Original

Supplemental

Jr. Life Member

Mayflower Passenger:

Candidate Name:

Fill in preferred name for your certificate.

Full Maiden Name:

Date of Birth:

Spouse Full Name:

Street Address:

City

County

State

Full 9 Digit ZIP

Occupation:

Preferred
Phone:

E-Mail Address:

Check
Phone type:

Home

Cell

List any family members who are members of the Mayflower Society:

Name	Relationship	GS#	State#
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Signature: _____

Date: _____

Please sign and mail your completed Preliminary Application, and Line of Descent form, along with a check for \$212.00, (includes 1st year dues), for an original application. Current member fee for a supplemental application is \$160.00.

Please note that the Line of Descent form is part of your application, and must be completed.

Make checks payable to SMDM.

For SMDM use:

Mail to: Lee B. Bennett, Deputy Historian
4830 Carol Drive
Troy, MI 48085-3708

Rcd: _____

Ck#: _____

Email: SMDM-Applications@comcast.net

Amt: _____