

The Society of Mayflower Descendants in the Commonwealth of Kentucky

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APPLICATION FOR JUNIOR MEMBERSHIP

Junior Applicant:

Full Name _____ **Mayflower Ancestor** _____

Address _____
Street City State 9 digit Zip Code

Phone Number **Email**

Date Of Birth **Place of Birth**

Father's Full Name **Place and Date of Birth**

Mother's Maiden Name **Place and Date of Birth**

Parent Email **Parent Phone Number**

Grandfather's Name **Place and Date of Birth**

Grandmother's Name **Place and Date of Birth**

Sponsor of Applicant (Grandparent, Parent, Aunt or Uncle): Please Circle Relationship

Full Name _____ **GSMD #** _____ **KSMD #** _____

Address _____
Street City State 9 digit Zip Code

Phone Number _____ **Email** _____

Sponsor Signature _____ **Date** _____

Mail Junior Certificate to Sponsor _____ Applicant _____ Parent _____ **Please Check**

Email Junior materials to Sponsor _____ Applicant _____ Parent _____

Please include copies of the following government issued certificates: Applicant's birth certificate, birth certificates of both parents and their marriage certificate. Please return the completed application with these copies and a check for \$10 payable to KSMD to the Historian listed at the top of the form. There are no annual dues. Thank you for sponsoring a Junior!

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Approved on _____ Junior Number _____ Historian _____