

*Society of Mayflower Descendants in the Commonwealth of Kentucky*

Evelyn Zolondek, KSMD Historian  
865 Glendover Road, Lexington, KY 40502  
859-536-5448  
[kentuckymayflower@yahoo.com](mailto:kentuckymayflower@yahoo.com)

APPLICATION FOR JUNIOR MEMBERSHIP

APPLICANT

Full Name \_\_\_\_\_ Ancestor \_\_\_\_\_

Address \_\_\_\_\_  
Street City State Zip

Date of Birth \_\_\_\_\_ Place of Birth \_\_\_\_\_

LINEAGE

Father's Name \_\_\_\_\_

Date of marriage \_\_\_\_\_ Place of marriage \_\_\_\_\_

Date of birth \_\_\_\_\_ Place of birth \_\_\_\_\_

Mother's full name \_\_\_\_\_

Date of birth \_\_\_\_\_ Place of birth \_\_\_\_\_

Grandfather's name \_\_\_\_\_

Date of marriage \_\_\_\_\_ Place of marriage \_\_\_\_\_

Date of birth \_\_\_\_\_ Place of birth \_\_\_\_\_

Grandmother's full name \_\_\_\_\_

Date of birth \_\_\_\_\_ Place of birth \_\_\_\_\_

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

SPONSOR

Name \_\_\_\_\_ Relation to Applicant \_\_\_\_\_

Address \_\_\_\_\_  
Street City State Zip

Member of \_\_\_\_\_ State Society State Number \_\_\_\_\_ General Number \_\_\_\_\_

If sponsor is not a member of the Kentucky Society, a copy of lineage papers must be enclosed with this application. This signed application should be returned to above address accompanied with copy of child's birth certificate & \$10.00 which pays dues till Junior Member reaches the age of 25 years.

Mail Junior Membership Certificate to (check one): Sponsor \_\_\_\_\_; Parent: \_\_\_\_\_; Junior Member: \_\_\_\_\_

Signature of Applicant \_\_\_\_\_ Signature of Sponsor \_\_\_\_\_

Approved on: \_\_\_\_\_ Junior Member Number: \_\_\_\_\_ Historian \_\_\_\_\_