



# Society of Mayflower Descendants – South Carolina

## Junior Membership Application

### **Junior Applicant Information**

Full Name \_\_\_\_\_ Date of Birth \_\_\_\_\_  
Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Email \_\_\_\_\_ Phone \_\_\_\_\_

### **Sponsor Information**

Full Name \_\_\_\_\_ Relationship to Applicant \_\_\_\_\_  
Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Email \_\_\_\_\_ Phone \_\_\_\_\_  
General Society Number \_\_\_\_\_ SC Number \_\_\_\_\_

### **Mayflower Lineage of the Sponsor**

Pilgrim Ancestor on Your Application \_\_\_\_\_  
Name of Father \_\_\_\_\_  
Date of Birth \_\_\_\_\_ Place of Birth \_\_\_\_\_  
Name of Mother \_\_\_\_\_  
Date of Birth \_\_\_\_\_ Place of Birth \_\_\_\_\_  
Date of Marriage \_\_\_\_\_ Place of Marriage \_\_\_\_\_  
Name of Grandfather \_\_\_\_\_  
Date of Birth \_\_\_\_\_ Place of Birth \_\_\_\_\_  
Name of Grandmother \_\_\_\_\_  
Date of Birth \_\_\_\_\_ Place of Birth \_\_\_\_\_  
Date of Marriage \_\_\_\_\_ Place of Marriage \_\_\_\_\_

Signature of Sponsor \_\_\_\_\_ Date \_\_\_\_\_  
Signature of Guardian Parent \_\_\_\_\_ Date \_\_\_\_\_

With the completed application, please include: (1) A clear photo copy of each applicant's birth certificate. (2) The one-time fee of \$50.00 for each applicant. Payment for multiple applicants may be made using one check, payable to: **SMD-SC, Janet Morris, 6203 Jack Thomas Drive, Indian Land SC 29707**

Mail: SC Junior Chair: Cari Gillette 5016 Fairfield Court, Aiken, SC 29801  
email: le\_plum@yahoo.com

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**Please leave this section blank for SC Junior Chair**

Junior

SCJN

Admission Date