GSMD#_____ MI#_____ Election Date:_____

Society of Mayflower Descendants in Michigan

Please check below, whether this is an Original application, or a Supplemental.

☐ **Preliminary Application** ☐ **Supplemental Application**

Mayflower Passenger:

Candidate Name and Title:

Title *First, Middle, Last Name*

Maiden Name: _____ Date of Birth: _____

Spouse's Name: _____
First, Middle, Last Name

Street Address: _____

City *County* *State* *Full 9 Digit ZIP*

Email Address: _____

Home Phone: _____ Cell Phone: _____

Occupation: _____

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

Name	Relationship	GS#	State#

Signature: _____ **Date:** _____

Please mail your completed Preliminary Application, Line of Descent form, and documentation, along with a check for $200.00, which includes 1st year dues, for an original application. Current member fee for a supplemental application is $148.00.

Please make checks payable to SMDM.

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

Email: SMDM-Applications@comcast.net