

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:

_____ *Prefix* _____ *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: _____

Occupation: _____ Cell Phone: _____

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, (includes 1st year dues), for an original application. Current member fee for a supplemental application is \$148.00.

Please note that the Line of Descent form is part of your application.

Please 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: _____