

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 \$130.00 for an original application, or \$98.00 for a supplemental application. **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