 **Society of Mayflower Descendants**

**in the State of North Carolina**

***Junior Application***

**Applicant**                                                      \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**\_\_\_\_\_\_**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(Name in Full)

**Address**

(Number and Street)

(City, State and Zip Code)

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

**Father**                                                     \_\_\_ **Parent’s Phone**

(Name in Full)

**Mother**

**Grandparent\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

(Name in Full)

**Parents’ Marriage Date**

**Place of Parents’ Marriage \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Mayflower Ancestor**

**Signature of Sponsor**

**Address of Sponsor**

(Number and Street)

(City, State and Zip Code)

**Member Numbers**

(State)(General) ( Sponsor Phone #)

**Circle Relationship Parent Grandparent Uncle Aunt**

Mail to: Junior Program Chair: Laurel Siviglia

912 Cedar Grove Rd, Pittsboro, NC 27312

E-mail: [laurel@siviglias.com](mailto:laurel@siviglias.com)

\* Current Junior Program Member fee is $35, with no annual dues. Check Payable to SMDNC.

Junior Number\_\_\_\_\_\_\_\_\_ Elected\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_