

A Mayflower Society member may sponsor any person under 18 years of age for Junior Affiliate Membership. The Junior Applicant must be a blood relative of a current or past member of the Mayflower Society. There is a one-time enrollment fee of \$50.00. At age 18, the Junior Affiliate Member may apply for adult membership in the Society via the usual application process.

SPONSOR NAME:	Relationship to Junior Applicant:	
Sponsor Address (Address, City, State, Zip):		
Sponsor Phone:	Sponsor Email:	
Sponsor's CT Mayflower Society membership n	umber:	
JUNIOR APPLICANT (First, Middle, Last):		☐ Male ☐ Female
Junior Applicant Address (Address, City, State, 2	Zip):	
Junior Applicant Date of Birth:	Junior Applicant Place of Birth:	
Descended from the following Mayflower Passe	enger:	
FATHER OF JUNIOR APPLICANT (First, Middle,	, Last Name):	
Father's Date of Birth:	Father's Place of Birth:	
MOTHER OF JUNIOR APPLICANT (First, Middle	e, Maiden Name):	
Mother's Date of Birth:	Mother's Place of Birth:	
Date of Marriage:	Place of Marriage:	
GRANDFATHER OF JUNIOR APPLICANT (First,	Middle, Last Name):	
Grandfather's Date of Birth:	Grandfather's Place of Birth:	
GRANDMOTHER OF JUNIOR APPLICANT (First	t, Middle, Maiden Name):	
Grandmother's Date of Birth:	Grandmother's Place of Birth:	
Date of Marriage:	Place of Marriage:	
Sponsor's Signature:	Date:	
☐ Mail certifi	icate to the Sponsor	

Mail this form and the \$50 enrollment fee to:

Judi Thompson Paige, Junior Affiliate Program Chair, 17 David Drive, East Haven CT 06512. Make your check for \$50 payable to The Society of Mayflower Descendants in CT with Junior Affiliate in the memo line.

FOR MAYFLOWER SOCIETY USE ONLY						
Payment Rec'd. \$	Check #.:	by Program Chair	_ (Init.) on	_(Date)		
Assigned Junior Affiliate Member #						