



Society of Mayflower Descendants in the Commonwealth of Pennsylvania

Please complete the SMDPA Mayflower Proposal for Membership Form.

SMDPA PROPOSAL FOR MEMBERSHIP		
APPLICANT INFORMATION		
Full Name of Applicant:		
Prefix (Mr., Mrs., Ms., Dr., Rev., Other):	Suffix (Sr., Jr., III, MD, PhD., Other):	
Current address:		Date of application (e.g., 2018-05-25):
City:	State:	ZIP+4 Code:
Date of birth (e.g. 10 Nov 1972):	Retired? Yes No <i>(Please circle or annotate)</i>	Occupation <i>(Current & before retirement)</i>
Home Phone:	Cell Phone:	Fax:
Primary email (important):		Alternate email:
Name of Mayflower ancestor from whom you intend to prove descent:		
MARITAL STATUS (IF APPLICABLE)		
Full Name of Spouse:		
Full Maiden Name (If different from above):	Date of birth (e.g. 11 Jun 1979):	
SUPPLEMENTAL / TRANSFER MEMBER INFORMATION		
Is this inquiry a Supplemental? Yes No <i>(Please circle or annotate)</i>		
Are you a transferring member of another State Society? Yes No <i>(Please circle or annotate)</i>	Name of State:	
Your GSMD Member #:	Your State Member #:	
MEMBERSHIP INQUIRY		
Do you have a relative in any state Mayflower society? Yes No <i>(Please circle or annotate)</i>		
If yes, full name of relative:	Relationship to you:	
Relative's GSMD Member #:	Relative's State Member #:	
MEMBERSHIP CATEGORY		
<i>Please indicate the category you are seeking by placing a check <input checked="" type="checkbox"/> or <input checked="" type="checkbox"/> at the appropriate box:</i>		
Regular (i.e. Annual - applicants age 18 or older) <input type="checkbox"/>	Life (applicants of any age) <input type="checkbox"/>	
Transfer (Regular members only – Life Memberships are not transferable) <input type="checkbox"/>		
Dual (applicants of any age) (also check one of the above) <input type="checkbox"/>		
Junior (Annual - applicants must be under 18 years of age) (membership expires on 25th birthday) <input type="checkbox"/>		
How did you learn of the Society? (General Society, Member, Sail 1620 web site, Brochure, press/publicity, other)		
SIGNATURES		
Signature of applicant (or Sponsor for minor Annual or Life Members):	Date (dd/mm/yyyy):	
Sponsor's Full Name :		
Sponsor's Address:		
Sponsor's email:	Sponsor's Phone #	