

JUNIOR MEMBERSHIP
OKLAHOMA SOCIETY OF MAYFLOWER DESCENDANTS

APPLICANT

Full Name _____ M F
Street Address _____
City, State _____ Zip Code _____
E-mail _____ Phone _____
Date of Birth _____ Place of Birth _____

SPONSOR

Name _____
Street Address _____
City, State _____ Zip Code _____
E-mail _____ Phone _____
Relation to Applicant _____ OK Society Number _____

LINEAGE

Show relationship of applicant to sponsor. If additional generations are needed, please use back of application.

Father (Full Name) _____
Date of Birth _____ Place of Birth _____
Date of Marriage _____ Place of Marriage _____
Mother (Maiden Name) _____
Date of Birth _____ Place of Birth _____
Grandfather (Full Name) _____
Date of Birth _____ Place of Birth _____
Date of Marriage _____ Place of Marriage _____
Grandmother (Maiden Name) _____
Date of Birth _____ Place of Birth _____

I HEREBY SPONSOR THE ABOVE NAMED APPLICANT AND AFFIRM THAT ALL INFORMATION PROVIDED IS CORRECT.

Signature _____ Date _____

Please mail application and \$6.00 check, payable to OSMD (Oklahoma Society of Mayflower Descendants) to OSMD Junior Membership, c/o Norma Hughes, 1123 Taurus Drive, Edmond, OK 73003-5839.

- Mail certificate to sponsor
- Mail certificate to applicant