

GSMD# \_\_\_\_\_

MI# \_\_\_\_\_

Election Date: \_\_\_\_\_

## Society of Mayflower Descendants in Michigan

*Please check below, whether this is an Original application, or a Supplemental.*

**Original Application**

**Supplemental Application**

Mayflower Passenger:

Candidate Name:

*Fill in preferred name for your certificate.*

Full Maiden Name:

Date of Birth:

Spouse Full Name:

Street Address:

City

County

State

Full 9 Digit ZIP

Occupation:

Preferred  
Phone:

E-Mail Address:

Check  
Phone type:

Home

Cell

**List any family members who are members of the Mayflower Society:**

Name	Relationship	GS#	State#
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

**Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_

Please sign and mail your completed Preliminary Application, Line of Descent form, and documentation, along with a check for \$200.00, (includes 1st year dues), for an original application. Current member fee for a supplemental application is \$148.00.

*Please note that the Line of Descent form is part of your application, and must be completed.*

**Make checks payable to SMDM.**

*For SMDM use:*

**Mail to:** Lee B. Bennett, Deputy Historian  
4830 Carol Drive  
Troy, MI 48085-3708

**Rcd:** \_\_\_\_\_

**Ck#:** \_\_\_\_\_

**Email:** [SMDM-Applications@comcast.net](mailto:SMDM-Applications@comcast.net)

**Amt:** \_\_\_\_\_