



THE SOCIETY OF MAYFLOWER DESCENDANTS
IN THE STATE OF NEW YORK

Preliminary Application

Applicant's Name

Maiden Name: (if applicable)

Street Address:

City/State/Zip+4 code

Daytime Phone

Email Address

Home Phone (if different)

Occupation

Name of Mayflower Ancestor(s)

Name(s) of any relative(s) who are/were members of the Mayflower Society in New York or any other Society. This information will be helpful in filling out your lineage form, but is not required.

Please include \$150.00 payment for the application fee.

The application fee is not refundable if the line is rejected, the application is rejected, or if the applicant fails to complete the documentation.

Signature

Date Preliminary Application Submitted

Complete the form, print and mail to:
The Society of Mayflower Descendants in the State of NY
20 West 44th Street
New York, NY 10036-6603