



SOCIETY OF MAYFLOWER DESCENDANTS  
IN THE STATE OF DELAWARE

## Preliminary Application

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

Applicant: \_\_\_\_\_  
(Full name required, including maiden name if applicable)

Preferred mailing name: \_\_\_\_\_  
(Examples: Mr. John Q. Public, Mrs. John Q. Public, Mrs. Anne A. Public, Ms. Anne A. Public)

Preferred address: \_\_\_\_\_  
(indicate whether work or home) \_\_\_\_\_  
\_\_\_\_\_

Preferred telephone number (indicate whether work or home): \_\_\_\_\_

Preferred e-mail address: \_\_\_\_\_

Occupation: \_\_\_\_\_

Name of employer, if applicable: \_\_\_\_\_

Name of spouse, if married: \_\_\_\_\_  
(Full name required, including maiden name if applicable)

Children's names and ages: \_\_\_\_\_

(attach separate sheets if necessary) \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Place of birth: \_\_\_\_\_ Date of birth: \_\_\_\_\_

Name(s) of Mayflower Ancestor(s): \_\_\_\_\_

Relatives who are or have been members of the General Society of Mayflower Descendants:

\_\_\_\_\_  
(Name) (Relationship) (State Society where relative was a member)

\_\_\_\_\_  
(Name) (Relationship) (State Society where relative was a member)

How you heard about our organization: \_\_\_\_\_

Signature of Applicant: \_\_\_\_\_

Nominated by: \_\_\_\_\_

Seconded by: \_\_\_\_\_

PROVIDED HOWEVER, "(a) that no person shall be eligible for General Society or State Society membership — regular, junior or life — who is pledged to or advocates, the overthrow, by force or violence, of the Government of the United States, or that of any State or Territory; or who has been guilty of other treasonable practices; or who is not of good moral character; (b) that no one may become a member of any Society unless personally acceptable to it."