

JUNIOR MEMBERSHIP

NO:

NAME:

ADDRESS:

DOB:

PLACE OF BIRTH:

MAYFLOWER ANCESTOR:

SPONSOR:

GS:

MAINE:

RELATION:

PARENTS' NAMES:

ON FILE:

APPLICANT B/C:

PARENTS' B/C: FATHER:

MOTHER:

PARENTS' M/C:

ELIGIBLE FOR ADULT MEMBERSHIP: