



Maryland Mayflower Society

Preliminary Review Worksheet Form

Note: Make a copy for yourself.

Mail this Preliminary Review Worksheet form to:

**Mrs. Carol Ann MacPhail
Historian
1110 Somerset Place
Lutherville, MD 21093**

The State Historian will advise you on the preparation of an application for membership. Please note that membership will not be conferred until (1) your application has been approved both by the Maryland State Historian and by the Historian General of the General Society of Mayflower Descendants, and (2) you have paid all requisite fees and dues.

Preliminary Review Worksheet

Date: Phone:

First Name: Last Name:

Street: Unit/Apt#:

City: State:

Zip code +4: Occupation:

Email Address:

1. Name of your Mayflower Pilgrim Ancestor:

2. Son/Daughter: Married:

3. Son/Daughter: Married:

4. Son/Daughter: Married:

5. Son/Daughter: Married:

6. Son/Daughter: Married:

7. Son/Daughter: Married:

8. Son/Daughter: Married:

9. Son/Daughter: Married:

10. Son/Daughter: Married:

11. Son/Daughter: Married:

12. Son/Daughter: Married:

13. Son/Daughter: Married:

14. Son/Daughter: Married:

15. Son/Daughter: Married:

Your name should be last