



New England Society in the City of Brooklyn
Application for Membership

Date _____

Name _____

Please print

Street _____

City _____ State _____ Zip _____

Preferred phone _____ *This is a **Home Cell Work** number (circle one)*

Alternate phone _____ *This is a **Home Cell Work** number (circle one)*

Email _____

Correspondence with members is often conducted via email

Business or profession _____

Place of birth _____

City

County

State

1. *If you were not born in New England, but are a descendant of a New Englander, please complete the following:*

Name of ancestor _____

Place of ancestor's birth _____

City

County

State

2. *Describe any non-genealogical connection to New England:*

Proposer signature

Applicant signature

Secunder signature

Please return completed application to your Proposer who will secure your Secunder's signature and forward to Membership chair.