

# **Application for Membership**

Full Name:			
Address: <u>City/State/Zip</u>			
Occupation, [if Retired-Former Occupation]:			
Telephones:			
E-mail:Website:			
I hereby apply for membership in FIRST SETTLERS OF THE SHENANDOAH VALLEY			
by virtue of my direct lineal descent from an individual who settled in one of the Shenandoah			
Valley settlements prior to 31 December 1779, hereafter known as my:			
First Settler Ancestor Spouse:			
Settlement			
Occupation(s)Earliest Date Settled:			
Proof of my ancestor's settlement is (Please submit title page & pages of evidence.)			
I have included a BIOGRAPHICAL SKETCH (opt) of my Ancestor denoting source.         Candidate Endorsed by			
Fee Rec'd:      Ck #:      Date:      FOR OFFICE USE         Regular       Supp       Spouse       G/Child       Date Approved:         Approved by          Registrar General / Genealogist			
Member #			

### My direct hereditary bloodline is as follows:

• I AM		
b	at	
m	at	
to.		(Spouse # )
b	at	
d	at	
Proofs:		

CHILDREN: living or deceased by bloodline of applicant: (Child Name, Son/Dau, Spouse #, DOB, PL of B, Age Today)
1.

1. 2. 3. 4.

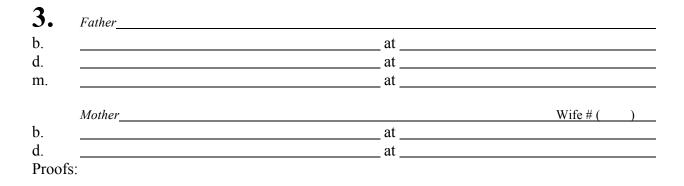
- 5.
- 6

My parents:

1

	at	
	at	
	at	
Mother		Wife # (1, 2, 3
	- 4	
	at	
	at at	

The above \_\_\_\_\_\_ is SON / DAUGHTER of:



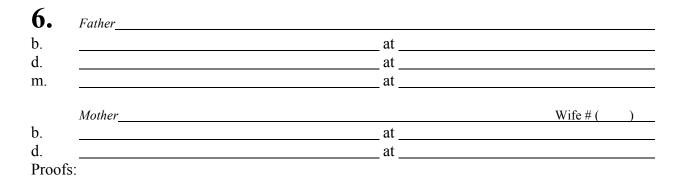
Page <u>2</u> (of 10)

	The above		is SON / DAUGHTER of:
4.	Father		
b.			
d.		at	
m.		at	
	Mother		Wife # ( )
b.		at	
d.		at	
Proofs:			

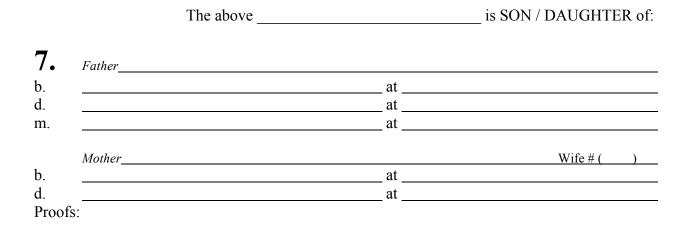
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The above ______ is SON / DAUGHTER of:
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<b>5.</b> <i>Father</i>			
b	at		
d	at		
m	at		
Mother		Wife # ( )	
b	at		
d	at		
Proofs:			

The above \_\_\_\_\_\_ is SON / DAUGHTER of:



Page 3 (of 10)

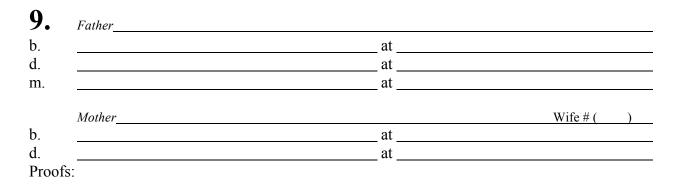


The above \_\_\_\_\_\_ is SON / DAUGHTER of:

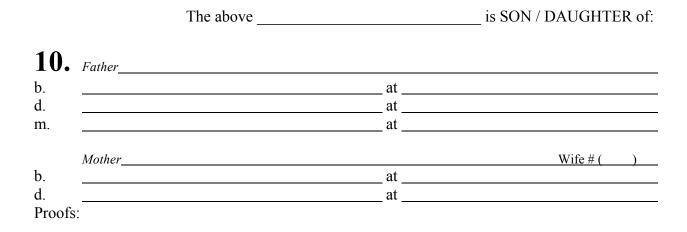
Father		
	at	
	at	
	at	
Mother		Wife # ( )
	at	X, 2
	at	
5.		

~

The above \_\_\_\_\_\_ is SON / DAUGHTER of:

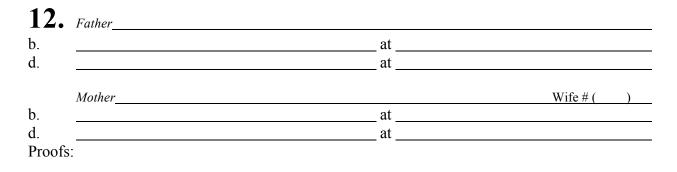


Page 4 (of 10)



	The abo	ove	is SON / DAUGHTER of:
11.	Father		
b.		at	
d.		at	
m.		at	
	Mother		Wife # ( )
b.		at	
d.		at	
Proof	fs:		

The above \_\_\_\_\_\_ is SON / DAUGHTER of:



Page 5 (of 10)

## MY QUALIFYING ANCESTOR is:

FIRST SETTLER	OF THE SHENANDOAH VALLEY
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151 0	Name	DOB-DOD		Marriage Date
1 <sup>st</sup> Spouse:				
2 Spouse. 3 <sup>rd</sup> Spouse:				
5 Spouse.				
Had the foll	lowing children,			
1	Name	(DOB – DOD)	<i>By Wife</i> # 1,2,3	Marriage To Whom
2				
3.				
<u> </u>				
5.				
<u> </u>				
7.				
8.				
<u>8.</u> 9.				
<u>9.</u> 10.				
10.				
Reference:				
My First Se	ttler Ancestor se	rved in the following W	$\Delta R(S)_{-}$ in what	military service and capacity, if known:
Wry Plist Se	the Ancestor se	ived in the following w	AR(3)- III what	mintary service and capacity, it known.
	ly First Settler's:			
Nationality	10:			
Religion or	church is:			
Port of arriv	val to America w	as, if applicable:		Date:
Website on	my First Settler'	s Surname if known		Date
More about	my Ancestor.			
11010 40044				
*NOTE TO	APPLICANT:			
		phical or photographic	data sent with a	oplication, as well as Book Donations for
our Sett	tlers Library. Tha	ink You.	-	-
Mail applicat	tion with documen	tation and fees to:		
man applica		ll, USAF <i>(ret.), Registre</i>	ar Gonoral	
		RS OF THE SHENAN		V
	PO Box 2153	NO OF THE BILLIAN	DOMI VALLE	1.
	Staunton, VA 2	4402-2153		
			<b>c</b> ( <b>a a b</b> )	

Page <u>6</u> (of 10)



### **SPOUSE OF FIRST SETTLER CERTIFICATE FORM:**

I would like to acknowledge the SPOUSE of my FIRST SETTLER for membership in FIRST SETTLERS OF THE SHENANDOAH VALLEY, and receive a certificate.

First Settler and Spouse are shown in GENERATION \_\_\_\_\_\_ on this application.

SPOUSE:		
b	at	
d	at	
m	at	
FIRST SETTLER:		
b	at	
d.	at	

SPOUSE is the child of: (If known, opt.)

Father:		
b	at	
d	at	
m	at	
Mother:		
b	at	
d	at	
Proofs:		

(Requested, but not necessary to receive Spouse Certificate.)

Page 7 (of 10)



#### CHILDREN / GRANDCHILDREN MEMBERSHIP/CERTIFICATE FORM Must accompany an application or refer to an approved FSSV Application.)

I would like to apply on behalf of my children/grandchildren for membership in *FIRST SETTLERS OF THE SHENANDOAH VALLEY*. My Child and/or Grandchild is age 18 or under. (*Note: If child/grandchild is over age 18, s/he must complete an application in full.*)

(Please circle one.)

• Name	is my CHILD/ GRANDCHILD, age
b	_at
Is the child of:	
Address	
City/State/Zip	
<b>Proofs</b> : <i>Birth Certificate or substitute record acceptable.</i>	
2. Name	is my CHILD/ GRANDCHILD, age

b	_at
Is the child of:	
Address	
City/State/Zip	

Proofs: Birth Certificate or substitute record acceptable.

Page 8 (of 10)

<b>3.</b> Name		is my CHILD/ GRANDCHILD, age
b		
Is the child of:		
Address		
City/State/Zip		
<b>Proofs:</b> Birth Certificate or substitute record acceptable.		
<b>4.</b> Name		_ is my CHILD/ GRANDCHILD, age
b	at	
Is the child of:		
Address		
City/State/Zip		
Proofs: Birth Certificate or substitute record acceptable.		
5. Name		_ is my CHILD/ GRANDCHILD, age
b	at	
Is the child of:		
Address		
City/State/Zip		
Proofs: Birth Certificate or substitute record acceptable.		

<b>6.</b> Name		_ is my CHILD/ GRANDCHILD, age
b	at	
Is the child of:		
Address		
City/State/Zip		
Proofs: Birth Certificate or substitute record acceptable.		
-		
7. Name		_ is my CHILD/ GRANDCHILD, age
b	at	
Is the child of:		
Address		
City/State/Zip		
Proofs: Birth Certificate or substitute record acceptable.		
8. Name		_ is my CHILD/ GRANDCHILD, age
b	at	
Is the child of:		
Address		
City/State/Zip		

Proofs: Birth Certificate or substitute record acceptable.

\*<u>NOTE</u> If more space needed, please feel free to make copies of the Child/Grandchildren Page.

Page 10 (of 10)