



Application for Membership

Full Name: _____

Address: _____

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 1799, hereafter known as my:

First Settler Ancestor _____

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 Elizabeth Jane Sherman, CGSM, Governor General

By signing below you give permission to list your name and your ancestor's name on the First Settlers official website. This application is correct to the best my knowledge and belief.

Applicant Signature

Date

Fee Enclosed: \$ _____

Fee Rec'd: _____ **Ck #:** _____ **Date:** _____ **FOR OFFICE USE**

Regular _____ Supp _____ Spouse _____ G/Child _____ **Date Approved:** _____

Approved by _____ **Date Certificate Mailed:** _____

Registrar General / Genealogist

Member # _____

My direct hereditary bloodline is as follows:

1. 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.
- 2.
- 3.
- 4.
- 5.
- 6.

My parents:

2. *Father* _____
 b. _____ at _____
 d. _____ at _____
 m. _____ at _____

Mother _____ *Wife # (1, 2, 3)* _____
 b. _____ at _____
 d. _____ at _____

Proofs:

The above _____ is SON / DAUGHTER of:

3. *Father* _____
 b. _____ at _____
 d. _____ at _____
 m. _____ at _____

Mother _____ *Wife # ()* _____
 b. _____ at _____
 d. _____ at _____

Proofs:

The above _____ is SON / DAUGHTER of:

4. *Father* _____

b. _____ at _____

d. _____ at _____

m. _____ at _____

Mother _____ *Wife # ()* _____

b. _____ at _____

d. _____ at _____

Proofs:

The above _____ is SON / DAUGHTER of:

5. *Father* _____

b. _____ at _____

d. _____ at _____

m. _____ at _____

Mother _____ *Wife # ()* _____

b. _____ at _____

d. _____ at _____

Proofs:

The above _____ is SON / DAUGHTER of:

6. *Father* _____

b. _____ at _____

d. _____ at _____

m. _____ at _____

Mother _____ *Wife # ()* _____

b. _____ at _____

d. _____ at _____

Proofs:

The above _____ is SON / DAUGHTER of:

7. *Father* _____

b. _____ at _____

d. _____ at _____

m. _____ at _____

Mother _____ *Wife # ()* _____

b. _____ at _____

d. _____ at _____

Proofs:

The above _____ is SON / DAUGHTER of:

8. *Father* _____

b. _____ at _____

d. _____ at _____

m. _____ at _____

Mother _____ *Wife # ()* _____

b. _____ at _____

d. _____ at _____

Proofs:

The above _____ is SON / DAUGHTER of:

9. *Father* _____

b. _____ at _____

d. _____ at _____

m. _____ at _____

Mother _____ *Wife # ()* _____

b. _____ at _____

d. _____ at _____

Proofs:

The above _____ is SON / DAUGHTER of:

10. *Father* _____

b. _____ at _____

d. _____ at _____

m. _____ at _____

Mother _____ *Wife # ()* _____

b. _____ at _____

d. _____ at _____

Proofs:

The above _____ is SON / DAUGHTER of:

11. *Father* _____

b. _____ at _____

d. _____ at _____

m. _____ at _____

Mother _____ *Wife # ()* _____

b. _____ at _____

d. _____ at _____

Proofs:

The above _____ is SON / DAUGHTER of:

12. *Father* _____

b. _____ at _____

d. _____ at _____

Mother _____ *Wife # ()* _____

b. _____ at _____

d. _____ at _____

Proofs:

MY QUALIFYING ANCESTOR is: _____,
FIRST SETTLER OF THE SHENANDOAH VALLEY

| | <i>Name</i> | <i>DOB-DOD</i> | <i>Place</i> | <i>Marriage Date</i> |
|-------------------------|-------------|----------------|--------------|----------------------|
| 1 st Spouse: | _____ | _____ | _____ | _____ |
| 2 nd Spouse: | _____ | _____ | _____ | _____ |
| 3 rd Spouse: | _____ | _____ | _____ | _____ |

Had the following children, *if known*:

| | <i>Name</i> | <i>(DOB - DOD)</i> | <i>By Wife # 1,2,3</i> | <i>Marriage To Whom</i> |
|-----|-------------|--------------------|------------------------|-------------------------|
| 1. | _____ | _____ | _____ | _____ |
| 2. | _____ | _____ | _____ | _____ |
| 3. | _____ | _____ | _____ | _____ |
| 4. | _____ | _____ | _____ | _____ |
| 5. | _____ | _____ | _____ | _____ |
| 6. | _____ | _____ | _____ | _____ |
| 7. | _____ | _____ | _____ | _____ |
| 8. | _____ | _____ | _____ | _____ |
| 9. | _____ | _____ | _____ | _____ |
| 10. | _____ | _____ | _____ | _____ |

Reference: _____

My First Settler Ancestor served in the following WAR(S)- in what military service and capacity, if known:

If known, My First Settler's:

Parents are: _____

Nationality is: _____

Religion or church is: _____

Port of arrival to America was, *if applicable*: _____ Year: _____

Website on my First Settler's Surname, *if known*: _____

More about my Ancestor: : _____

*NOTE TO APPLICANT:

We welcome any biographical or photographic data sent with application, as well as Book Donations for our Settlers Library. Thank You.

Mail application with documentation and fees to:

Terry R. Mitchell, USAF (*ret.*), *Registrar General*
FIRST SETTLERS OF THE SHENANDOAH VALLEY
701 Donaghe Street
Staunton, VA 24401-2838

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.)

QuickTime™ and a
TIFF (Uncompressed) decompressor
are needed to see this picture.

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.)

1. Name _____ is my CHILD/ GRANDCHILD, age _____

b. _____ at _____

Is the child of:

Address

City/State/Zip

Proofs: *Birth Certificate or substitute record acceptable.*

2. Name _____ is my CHILD/ GRANDCHILD, age _____

b. _____ at _____

Is the child of:

Address

City/State/Zip

Proofs: *Birth Certificate or substitute record acceptable.*

3. Name _____ is my CHILD/ GRANDCHILD, age _____

b. _____ at _____

Is the child of: _____

Address _____

City/State/Zip _____

Proofs: *Birth Certificate or substitute record acceptable.*

4. 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.*

6. 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.*

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