



PRELIMINARY APPLICATION

Date: _____

Full name of Applicant _____

Profession or occupation _____

Business connection: (title) _____

(Firm name) _____

Check preferred mail address:

Business _____ Phone _____

Residence _____ Phone _____

Fax _____ E-Mail _____

Birth place _____ Date of Birth _____

Maiden name of wife _____

Children's names and ages _____

Name of Colonial Ancestor, Dates, and State of Residence _____

Relatives who are or have been members of the Society:

(Name) _____ (Relationship) _____

(Name) _____ (Relationship) _____

(Memberships in Clubs, Societies and Fraternal Organizations: _____

Signature of Applicant _____

Nominated by _____

Seconded by _____

\$85.00 Preliminary Application fee, made payable to the Society of Colonial Wars in the State of Illinois to accompany completed preliminary application

LINE OF ASSENT

Beginning with Generation 2 list male ancestor first, but capitalize the name of the ancestor through whom this line ascends. Note: Dates are not requested but help in verifying the line. No proofs are required at this time.

1. _____

full name of candidate, son of

2. Generation: _____

3. Generation: _____

4. Generation: _____

5. Generation: _____

6. Generation: _____

7. Generation: _____

8. Generation: _____

9. Generation: _____

10. Generation: _____

11. Generation: _____

12. Generation: _____

MAIL ORIGINAL APPLICATION AND CHECK (\$85) TO THE REGISTRAR

Mr. William M. Fox ▪ 3660 N. Lake Shore Drive, Apt. #2812 ▪ Chicago, IL 60613

Email: williammichaelfox@gmail.com ▪ Cell: 312.315.5586