



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. (See next page for instructions.)

LINE OF ASCENT

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 60613-5313

Email: williammichaelfox@gmail.com ▪ Cell: 312.315.5586

or pay the \$85 application fee online via Quickpay/Zelle or PayPal to treasurer@scwil.org