

# APPLICATION FOR MEMBERSHIP

Website - [www.sonsanddaughtersmontanapioneers.com](http://www.sonsanddaughtersmontanapioneers.com)



**SONS AND DAUGHTERS OF MONTANA PIONEERS**

## APPLICANT'S CONTACT INFORMATION

Any person whose lineal ancestor resided in Montana, on or before December 31, 1868, is eligible for Membership in this society.

<b>Applicant's First Name</b>	<b>Applicant's Middle Initial &amp; Maiden Name</b>	<b>Applicant's Last Name</b>	<b>Applicant's Date of Birth</b> Year    Month    Day		
<b>Who are you Submitting this Application For?</b>		<b>If Child Under 18, List Parent's Name</b> First Name    Last Name		<b>Parent's Membership #</b>	
<input type="checkbox"/> Self		<b>Applicant has a Winter Address?</b> <input type="checkbox"/> No <input type="checkbox"/> Yes		<b>Months You Stay at Winter Home</b>	
<input type="checkbox"/> Another's Behalf (Please fill out Page 2)					
<b>Mailing Address - Primary</b>			<b>Mailing Address - Winter</b>		
<b>City - Primary</b>			<b>City - Winter</b>		
<b>State - Primary</b>		<b>Zip Code - Primary</b>	<b>State - Winter</b>		<b>Zip Code - Winter</b>
<input type="checkbox"/> Yes <input type="checkbox"/> No <b>Can this Person Receive Email?</b>			<b>Email Address</b>		
<input type="checkbox"/> Yes <input type="checkbox"/> No <b>Can this Person Receive Texts?</b>			<b>Mobile #</b>		<b>Landline #</b>

## PIONEER ANCESTOR'S INFORMATION

Yes     No    **Do you have other Ancestor's that would be Montana Pioneers?**

<b>Pioneer First Name</b>	<b>Pioneer Last Name</b>	<b>Pioneer Place of Arrival</b>	<b>Pioneer Date of Arrival</b> Year    Month    Day		

## MEMBERSHIP

Registrar will verify your application, then introduce it to the General Assembly at the next Annual Convention in August for your official election into the society. Your Certificate of Membership and Plaque will be presented to you at that time, and encourage you to join us. Certificates and Plaques for those who are unable to attend, will be mailed to the address listed above, after the Annual Convention.

<b>Lifetime Membership</b>		<b>Annual Membership</b>		<b>This Members #</b> (Office Use Only)
<input type="checkbox"/> \$220 Lifetime (L) (\$20 Process Fee + \$200 Lifetime Membership)	<input type="checkbox"/> \$25 Child Under 18 (C) (\$20 Process Fee + \$5 First year Dues)	<input type="checkbox"/> \$45 Adult (A) (\$20 Process Fee + \$25 First year Dues)	<b>Members Total</b>	
<input type="checkbox"/> \$295 Lifetime & Plaque (LP) (\$20 Process Fee + \$200 Lifetime Membership + \$75 Plaque)	<b>Check Date</b>	<b>Check #</b>	<b>Check Total</b>	
<input type="checkbox"/> Yes <input type="checkbox"/> No <b>Is this payment for multiple applications?</b> (If yes, Please fill out 2nd Page)				
<b>Make check out to: SDMP</b> SDMP Registrar - C/O Mike Russell 2998 Rocky Pine Drive - Helena, Montana 59601		<b>Relationship to Applicant</b>		<b>Payer's Full Name</b>

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**SONS AND DAUGHTERS OF MONTANA PIONEERS**

Mike Russell - Registrar & Editor/Media Manager

2998 Rocky Pine Drive - Helena, Montana 59601

Email - [cowboy@cowboysranch.com](mailto:cowboy@cowboysranch.com)

Mobile - 406-439-0390

## PAYER'S CONTACT INFORMATION

Please fill out this page if you are submitting an application on the behalf of someone else.

Payer First Name		Payer Middle		Payer Last Name	
Mailing Address - Payer			Email Address - Payer		
City - Payer			Mobile # - Payer		Landline # - Payer
State - Payer		Zip Code - Payer		Are you a current SDMP Member?	
				<input type="checkbox"/> Yes <input type="checkbox"/> No	
Payer Membership #					

## MULTIPLE APPLICATION INFORMATION

Please List all Names of Applicants you are submitting payment for.  
Membership Type Abbreviations - (L) Lifetime; (LP) Lifetime & Plaque; (AC) Annual Child; (A) Annual Adult

Member # (Office Use Only)	Member Name	Pioneer Ancestor	Membership Type	Total Amount
Signature - Payer		Date of Check	Check #	Check Total









# DECLARATION OF LINEAL DESCENT

I, \_\_\_\_\_ hereby apply for membership  
*Applicants Full Name*

to the Sons and Daughters of Montana Pioneers by right of lineal descent in the following line from,

<b>Name of Montana Pioneer</b>					<b>Record #</b>				
	<b>Year</b>	<b>Month</b>	<b>Day</b>	<b>City, County, State or Territory</b>					
<b>Date of Birth</b>				<b>Place of Birth</b>					
<b>Date of Death</b>				<b>Place of Death</b>					
<b>Date of Departure</b>				<b>Last Residence Before Departure for Montana</b>					
<b>Date of Arrival Into Montana</b>				<b>Montana Place of Arrival</b>					
<b>Early Occupation</b>				<b>Early Montana Residence</b>					
<b>Spouse Full Name</b>						<b>Record #</b>			
		<b>Day</b>	<b>Month</b>	<b>Year</b>	<b>City, County, State or Territory</b>				
<b>Date of Marriage</b>				<b>Place of Marriage</b>					
<b>Children of Montana Pioneer</b>									
<b>Name</b>	<b>Year</b>	<b>Date of Birth</b>		<b>Name</b>	<b>Year</b>	<b>Date of Birth</b>		<b>Day</b>	
		<b>Month</b>	<b>Day</b>			<b>Month</b>	<b>Day</b>		
<b>Route followed on Trip:</b>									

<b>Other Members in the Party:</b>

# DECLARATION OF LINEAL DESCENT

I am a direct descendant of, \_\_\_\_\_,  
*Montana Pioneer Full Name*

who was a Montana Pioneer and resided in the State of Montana prior to December 31, 1868.

Attach copies of other sources/records such as Family Bible, Newspaper Clips, Historical Books documenting your Lineage and Ancestral Pioneer residing in Montana prior to December 31, 1868. Please site the references by volume and page, to the documentary or other authorities upon which your record is founded, in the fields below.

Copy Attached

Copy Attached

<b>Title/Type of Record</b>		<b>Title/Type of Record</b>	
<b>Source/URL Web Address</b>		<b>Source/URL Web Address</b>	
<b>Author/Publisher</b>		<b>Author/Publisher</b>	
<b>Edition/Volume</b>		<b>Edition/Volume</b>	
<b>Date of Publication</b>		<b>Date of Publication</b>	
<b>Town/Country</b>		<b>Town/Country</b>	
<b>Page #</b>		<b>Page #</b>	

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<b>Town/Country</b>		<b>Town/Country</b>	
<b>Page #</b>		<b>Page #</b>	

Applicant's Signature \_\_\_\_\_

Date \_\_\_\_\_