

# 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.

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

## PIONEER ANCESTOR'S INFORMATION

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

Pioneer First Name	Pioneer Last Name	Pioneer Place of Arrival	Pioneer Date of Arrival		
			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.

Lifetime Membership	Annual Membership	This Members # (Office Use Only)
<input type="checkbox"/> \$220 Lifetime (L) (\$20 Process Fee + \$200 Lifetime Membership)	<input type="checkbox"/> \$25 Child Under 18 (AC) (\$20 Process Fee + \$5 First year Dues)	
<input type="checkbox"/> \$275 Lifetime & Plaque (LP) (\$20 Process Fee + \$200 Lifetime Membership + \$75 Plaque)	<input type="checkbox"/> \$45 Adult (A) (\$20 Process Fee + \$25 First year Dues)	Members Total
<input type="checkbox"/> Yes <input type="checkbox"/> No Is this payment for multiple applications? (If yes, Please fill out 2nd Page)	Check Date	Check #
		Check Total
Make check out to: SDMP SDMP Registrar - C/O Mike Russell 2998 Rocky Pine Drive - Helena, Montana 59601	Relationship to Applicant	Payer's Full Name

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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

# APPLICANT'S LINEAGE TO MONTANA PIONEER

The said, \_\_\_\_\_, is the  Son  Daughter of,

Applicant's Name								
Fathers Name						Record #		
	Year	Month	Day	City, County, State or Territory			Certificate Attached	
Date of Birth				Place of Birth				<input type="checkbox"/> Birth
Date of Death				Place of Death				<input type="checkbox"/> Death
Date of Marriage				Place of Marriage				<input type="checkbox"/> Marriage
Mothers Maiden Name						Record #		
Date of Birth				Place of Birth				<input type="checkbox"/> Birth
Date of Death				Place of Death				<input type="checkbox"/> Death
Children								
Sons Names	Date of Birth			Daughters Names	Date of Birth			
	Year	Month	Day	(Include Married Name in Brackets)	Year	Month	Day	

The said, \_\_\_\_\_, is the  Son  Daughter of,

Parents Name								
Grandfathers Name						Record #		
	Year	Month	Day	City, County, State or Territory			Certificate Attached	
Date of Birth				Place of Birth				<input type="checkbox"/> Birth
Date of Death				Place of Death				<input type="checkbox"/> Death
Date of Marriage				Place of Marriage				<input type="checkbox"/> Marriage
Grandmothers Maiden Name						Record #		
Date of Birth				Place of Birth				<input type="checkbox"/> Birth
Date of Death				Place of Death				<input type="checkbox"/> Death
Children								
Sons Names	Date of Birth			Daughters Names	Date of Birth			
	Year	Month	Day	(Include Married Name in Brackets)	Year	Month	Day	

# APPLICANT'S LINEAGE TO MONTANA PIONEER

The said, \_\_\_\_\_, is the  Son  Daughter of,

<i>Grandparents Name</i>								
<b>Great Grandfathers Name</b>							<b>Record #</b>	
	Year	Month	Day	City, County, State or Territory				
<b>Date of Birth</b>				<b>Place of Birth</b>				
<b>Date of Death</b>				<b>Place of Death</b>				
<b>Date of Marriage</b>				<b>Place of Marriage</b>				
<b>Great Grandmothers Maiden Name</b>							<b>Record #</b>	
<b>Date of Birth</b>				<b>Place of Birth</b>				
<b>Date of Death</b>				<b>Place of Death</b>				
<b>Children</b>								
<b>Sons Names</b>	<b>Date of Birth</b>			<b>Daughters Names</b>			<b>Date of Birth</b>	
	Year	Month	Day	(Include Married Name in Brackets)			Year	
							Month	
							Day	

The said, \_\_\_\_\_, is the  Son  Daughter of,

<i>Great Grandparents Name</i>								
<b>2nd Great Grandfathers Name</b>							<b>Record #</b>	
	Year	Month	Day	City, County, State or Territory				
<b>Date of Birth</b>				<b>Place of Birth</b>				
<b>Date of Death</b>				<b>Place of Death</b>				
<b>Date of Marriage</b>				<b>Place of Marriage</b>				
<b>2nd Great Grandmothers Maiden Name</b>							<b>Record #</b>	
<b>Date of Birth</b>				<b>Place of Birth</b>				
<b>Date of Death</b>				<b>Place of Death</b>				
<b>Children</b>								
<b>Sons Names</b>	<b>Date of Birth</b>			<b>Daughters Names</b>			<b>Date of Birth</b>	
	Year	Month	Day	(Include Married Name in Brackets)			Year	
							Month	
							Day	

# APPLICANT'S LINEAGE TO MONTANA PIONEER

The said, \_\_\_\_\_, is the  Son  Daughter of,

<b>2nd Great Grandparents Name</b>				<b>Record #</b>			
<b>3rd Great Grandfathers Name</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 Marriage</b>				<b>Place of Marriage</b>			
<b>3rd Great Grandmothers Maiden Name</b>							
<b>Date of Birth</b>				<b>Place of Birth</b>			
<b>Date of Death</b>				<b>Place of Death</b>			
<b>Children</b>							
<b>Sons Names</b>	<b>Date of Birth</b>			<b>Daughters Names</b>	<b>Date of Birth</b>		
	<b>Year</b>	<b>Month</b>	<b>Day</b>	<small>(Include Married Name in Brackets)</small>	<b>Year</b>	<b>Month</b>	<b>Day</b>

The said, \_\_\_\_\_, is the  Son  Daughter of,

<b>3rd Great Grandparents Name</b>				<b>Record #</b>			
<b>4th Great Grandfathers Name</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 Marriage</b>				<b>Place of Marriage</b>			
<b>4th Great Grandmothers Maiden Name</b>					<b>Record #</b>		
<b>Date of Birth</b>				<b>Place of Birth</b>			
<b>Date of Death</b>				<b>Place of Death</b>			
<b>Children</b>							
<b>Sons Names</b>	<b>Date of Birth</b>			<b>Daughters Names</b>	<b>Date of Birth</b>		
	<b>Year</b>	<b>Month</b>	<b>Day</b>	<small>(Include Married Name in Brackets)</small>	<b>Year</b>	<b>Month</b>	<b>Day</b>

# APPLICANT'S LINEAGE TO MONTANA PIONEER

The said, \_\_\_\_\_, is the  Son  Daughter of,

4th Great Grandparents Name								Record #	
<b>5th Great Grandfathers Name</b>									
	Year	Month	Day	City, County, State or Territory					
<b>Date of Birth</b>				<b>Place of Birth</b>					
<b>Date of Death</b>				<b>Place of Death</b>					
<b>Date of Marriage</b>				<b>Place of Marriage</b>					
<b>5th Great Grandmothers Maiden Name</b>							Record #		
<b>Date of Birth</b>				<b>Place of Birth</b>					
<b>Date of Death</b>				<b>Place of Death</b>					
<b>Children</b>									
<b>Sons Names</b>	<b>Date of Birth</b>			<b>Daughters Names</b>			<b>Date of Birth</b>		
	Year	Month	Day	(Include Married Name in Brackets)			Year	Month	Day

The said, \_\_\_\_\_, is the  Son  Daughter of,

5th Great Grandparents Name								Record #	
<b>6th Great Grandfathers Name</b>									
	Year	Month	Day	City, County, State or Territory					
<b>Date of Birth</b>				<b>Place of Birth</b>					
<b>Date of Death</b>				<b>Place of Death</b>					
<b>Date of Marriage</b>				<b>Place of Marriage</b>					
<b>6th Great Grandmothers Maiden Name</b>							Record #		
<b>Date of Birth</b>				<b>Place of Birth</b>					
<b>Date of Death</b>				<b>Place of Death</b>					
<b>Children</b>									
<b>Sons Names</b>	<b>Date of Birth</b>			<b>Daughters Names</b>			<b>Date of Birth</b>		
	Year	Month	Day	(Include Married Name in Brackets)			Year	Month	Day

# 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>										

**Other Members in the Party:**

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# 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>Edition/Volume</b>		<b>Edition/Volume</b>	
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<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>	

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

Date \_\_\_\_\_