APPLICATION FOR MEMBERSHIP

Association of Blauvelt Descendants

FOUNDED SEPTEMBER 18, 1926

I hereby apply for membership in the **Association of Blauvelt Descendants** I am a descendant or the spouse of a descendant of Gerrit Hendricksen van Deventer from the Province of Overyssel in The Netherlands, and a resident of New Amsterdam on Manhattan Island from the time of his marriage in 1646 till he died in 1685. I support the **Association of Blauvelt Descendants** and it's objectives to preserve family history, maintain family traditions, and promote an interest in the genealogy, history and culture of New Amsterdam.

Type or print clearly and complete all areas, where applicable. Give all dates in "day / month / year" format (i.e. "29 / Feb / 1995").

Full Name:						
Last		First	Middle	Maiden		
Date of Birth: day	_/mo	/yr	Birth Place:			
Spouse:						
Date of Birth: day	_/mo	/yr	Birth Place:			
Date Married:	/	/	Place:			
If deceased, date of death:		//	Place of burial	:		
Children	Birth Da	ate (day/mo/yr)	Birth Place	Married to		
1						
2	_	_//				
3	_					
4	_					
5.		/ /				
	or grandpare Genealogist and mother	nts. Please use a sep t. 's maiden name.)	parate sheet for earlier ger	nted Blauvelt descendant, or an ABD Member nerations if needed. If you have questions or		
-	_		· ·			
Father				/ N		
Birth Date/Place				_/Place		
Died/Bu	ried			Buried		
<u>GRANDPARENTS</u>						
Marriage Date: day	/ mo	/ yr	Place			
Father			Mother			
Birth Date/Place			Birth Date/	Place		
Died/Buried				Died/Buried		

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MEMBERSHIPS REQUESTED

All Blauvelt descendants and spouses named and documented on this application, and living at the same address, are eligible for membership. Please list name, type of membership (see below), and applicable dues for each membership requested. There is a one time application processing fee of \$35.

<u>Name</u>	Type	<u>Dues</u>	Membership # (for ABD use only)				
1			• /				
2.							
3							
4							
5							
6							
7							
Application Fee		\$ 35.00					
	TOTAL	\$					
Membership Schedule and Dues:							
REGULAR (Adult): \$ 20.00 ASSOCIA	TE (Spouse): \$ 15.00	JUNIOR (children und	ler 18 years): \$ 10.00				
FAMILY MEMBERSHIP (for all family mem	bers living in one household	1): \$ 45.00					
Please sign and date the application with your address, email and phone number.							
Make checks payable to Association of Blauvelt	Descendants and mail with t	he application to:					
Ass	Laurie Anne Persico 3367 W. 113 th Avenue Westminster, CO 80031	dants					
Applicant's Signature	Date						
Email:	Phone:	()					
Street / City:	Sta	te:Zip					
	Application Record						
Genealogist:	Membership Secretary:						
Date Received:	Date Received:						
Date Approved:	Date Elected:						
Signature:	Signature:						

[&]quot;A People which takes no pride in the achievements of remote ancestors will never achieve anything worthy to be remembered with pride by remote descendants." Thomas Macaulay