

Association of Blauvelt Descendants

FOUNDED SEPTEMBER 18, 1926

APPLICATION FOR MEMBERSHIP

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 Overijssel 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 its 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 Name (if applicable)

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 Date (day/mo/yr)	Birth Place	Married to
1. _____	_____ / _____ / _____	_____	_____
2. _____	_____ / _____ / _____	_____	_____
3. _____	_____ / _____ / _____	_____	_____
4. _____	_____ / _____ / _____	_____	_____
5. _____	_____ / _____ / _____	_____	_____

BLAUVELT LINE OF DESCENT: Trace your Blauvelt line of descent to a documented Blauvelt descendant, or an ABD Member through one of your parents or grandparents. Please use a separate sheet for earlier generations if needed. If you have questions or need help, please contact our Genealogist.

PARENTS (Give full names and mother's maiden name.)

Marriage Date: day _____ / mo _____ / yr _____ Place _____

Father _____ Mother _____

Birth Date _____ / _____ / _____ Place _____ Birth Date _____ / _____ / _____ Place _____

Died _____ / _____ / _____ Buried _____ Died _____ / _____ / _____ Buried _____

GRANDPARENTS

Marriage Date: day _____ / mo _____ / yr _____ Place _____

Father _____ Mother _____

Birth Date _____ / _____ / _____ Place _____ Birth Date _____ / _____ / _____ Place _____

Died _____ / _____ / _____ Buried _____ Died _____ / _____ / _____ Buried _____

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.

Name	Relationship to Applicant	Type of Membership	Dues Amount	Membership # (For ABD Use)
			\$	
			\$	
			\$	
			\$	
			\$	
			\$	
			\$	
			\$	
	One Time Application Fee		\$35.00	
		TOTAL	\$	

Membership Schedule and Dues:

REGULAR (Adult): \$ 20.00 ASSOCIATE (Spouse): \$ 15.00 JUNIOR (children under 18 years): \$ 10.00
FAMILY MEMBERSHIP (for all family members living in one household): \$ 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 the application to:

Association of Blauvelt Descendants
 Pamela Ward
 563 St. Anthony Drive
 Lexington, KY 40505
 (859) 312-5244 or rkivem0m@msn.com

_____ **Date:** _____
Applicant's Signature
Email: _____ **Phone:** (_____) _____
Street: _____
City: _____ **State:** _____ **Zip:** _____ - _____

Application Record

Genealogist:

Membership Secretary:

Date Received: _____

Date Received: _____

Date Approved: _____

Date Elected: _____

Signature: _____

Signature: _____

“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