Descendants of Juan de Cuevas Family Association
P.O. Box 56
Kiln, MS 39556
descendantsofjuandecuevas@outlook.com
www.cuevasofcatisland.org
Phone: 228-222-0071 Fax: 228-255-7195

~Est. 2017~

Application for Membership

Membership Requirements

All Descendants of Juan de Cuevas members must be in the bloodline and show proof of such in the provided section of this application in order to be considered a full member. All other members applying for membership will be considered an associate member.

Application Instructions

- Print legibly in black or blue ink or type.
- All information provided on the application is subject to verification.
- Please be **complete** and **accurate** as possible.

*Once completed, the application can either be hand delivered to the current Secretary in office, mailed to the address with the indication of "Attn. Membership" in the bottom left corner of the envelope, or be emailed to descendantsofjuandecuevas@outlook.com in PDF format.

Applicant Information

Name: _____ _____ _____ _____
Last Name Suffix First Name Middle Name

Address: _____
Street Address

_____ _____/_____/_____
City State Zip Date of Birth (optional)

Cell Phone: (_____)_____ Home Phone: (_____)_____

Email Address: _____

Applying for: ☐ Full Membership ☐ Associate Membership

Proof of Lineage / Sponsorship

Briefly describe your family lineage and the connection to Juan de Cuevas if you are applying for full membership. If you are applying for associate membership please provide the name of the full member that is sponsoring you.

I hereby certify that all information provided on this application is true and correct to the best of my knowledge, and understand that any false information of material facts will subject me to disqualification in the membership process.

_____
APPLICANTS SIGNATURE IN FULL

_____
DATE

_____
PARENT OR GUARDIAN SIGNATURE IN FULL
(If applicant is a minor)

-FOR OFFICIAL USE ONLY-

_____ Proof of Lineage verified by genealogist.
Genealogist Initial

_____ Voted on and approved by the membership
Secretary Initial

Date approved: _____/_____/_____