



# THE HOLLAND SOCIETY OF NEW YORK

161 W 86th Street, Unit 1AW  
New York, NY 10024



## Legacy Application for Membership to The Holland Society of New York

Date: \_\_\_\_\_

I, \_\_\_\_\_, hereby apply for membership to the Holland Society of New York. In this application, I present my proof of eligibility based on my direct descent from \_\_\_\_\_ . I am related to \_\_\_\_\_, born on \_\_\_\_\_, a Member or Former Member of the Holland Society. They are/were my \_\_\_\_\_ (relationship). In this application, I present my proof of eligibility to membership based on my relation to \_\_\_\_\_, as detailed in this application.

Should I be admitted to Membership in the Holland Society of New York, I declare that I will promote and support the Society and abide by its Constitution and By-Laws.

Signed \_\_\_\_\_

Date \_\_\_\_\_



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## Applicant Information

Full Name:

Residential Address:

Telephone Number:

Email:

Occupation:

Alternative Address:

Place of Birth:

Date of Birth:

Spouse Name:

Place of Marriage:

Date of Marriage:

Applicant's Children

Child's Name:

Child's Date of Birth:

Child's Name:

Child's Date of Birth:

Child's Name:

Child's Date of Birth:



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## GENERATION TWO

I am the child of:

Father:

Born:

Died:

Place of Birth:

Place of Death:

Mother:

Born:

Died:

Place of Birth:

Place of Death:

Marriage

Date of Marriage:

Place of Marriage:

Supporting Documentation:

- 1.
- 2.
- 3.



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## GENERATION THREE

I am the child of:

Father:

Born:

Died:

Place of Birth:

Place of Death:

Mother:

Born:

Died:

Place of Birth:

Place of Death:

Marriage

Date of Marriage:

Place of Marriage:

Supporting Documentation:

- 1.
- 2.
- 3.



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## GENERATION FOUR

I am the child of:

Father:

Born:

Died:

Place of Birth:

Place of Death:

Mother:

Born:

Died:

Place of Birth:

Place of Death:

Marriage

Date of Marriage:

Place of Marriage:

Supporting Documentation: 1.

2.

3.



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## GENERATION FIVE

I am the child of:

Father:

Born:

Died:

Place of Birth:

Place of Death:

Mother:

Born:

Died:

Place of Birth:

Place of Death:

Marriage

Date of Marriage:

Place of Marriage:

Supporting Documentation:

- 1.
- 2.
- 3.