

**ADAM HAWKES FAMILY ASSOCIATION
MEMBERSHIP APPLICATION**

This form has 3 parts.

Part 1 Personal Information

Part 2 Type of Membership requested

Part 3 Line of Eligibility

Please complete All 3 Parts for New Membership

First Name: _____

Last Name: _____

Street Address _____

Address: _____

City: _____

Telephone () _____ - _____

State (Abbriv.) _____

Zip Code: _____

E-Mail _____

**ADAM HAWKES FAMILY ASSOCIATION
MEMBERSHIP TYPE**

I wish to apply for membership as a:- (Circle One)

- 1. Lineal Membership (Descendant of Adam Hawkes)
 2. Associate Member
 - a. Spouse of Lineal Member
 - b. Descendant of John Hawks of Hadley
 - c. Descendant of Matthew Hawke of Hingham
- 3. Junior Lineal Member (under 18 yrs.)
 4. Junior Associate Member

I enclose the required application fee of \$1.00

Name _____ Date _____

Street _____

City _____ State _____ Zip _____

Telephone () _____ - _____

Name of Spouse _____

E-Mail Address _____

**ADAM HAWKES FAMILY ASSOCIATION
LINE of ELIGIBILITY**

**Complete as much of this form as Possible to assist the Association Historian
research for Hawkes Ancestors.**

Hawke(s) Parent Name: _____

Date of Birth _____

Place of Birth _____

Hawke(s) G.Grand Parent _____

Date of Birth _____

Place of Birth _____

Hawke(s) G.G.Grand Parent _____

Date of Birth _____

Place of Birth _____

Hawke(s) G.G.G.Grand Parent _____

Date of Birth _____

Place of Birth _____

Hawke(s) G.G.G.Grand Parent _____

Date of Birth _____

Place of Birth _____

Send request to:

Susan Hawkes Cook

3600 Lester Court

Lilburn, GA, 30247