

**Florida State Genealogical Society
Florida Pioneer Descendants Certification Program
Request for Applicant's Workbook**

Please send ____ copy(ies) of the Applicant's Workbook (at a cost of \$10.00 per workbook) to the following address:

Name: _____

Address: _____

City: _____ State: ____ Zip: _____

Phone: _____ E-mail address: _____

Mail this application (including your check made payable to FSGS) to:

**Florida Pioneer Descendants Certification Program
PO Box 441364, Jacksonville, FL 32222**

