

Friends of the Sons of Confederate Veterans

MEMBERSHIP APPLICATION

Full Name:

Street Address: City:

State: Zip Code: E-Mail Address:

Date of Birth Gender: ☐ Male ☐ Female Phone:

Name of Sponsoring SCV Camp:

Location of Sponsoring SCV Camp:

Name of Recommending SCV Member:

I have enclosed a check in the amount of \$40.00, made payable to the Sons of Confederate Veterans for an initial membership in the Friends of the Sons of Confederate Veterans for which I will receive a membership certificate, lapel pin and a one year subscription to the Confederate Veteran magazine which is published six times each year. I promise to always conduct myself in a manner that will reflect positively on the Sons of confederate Veterans, its members, camps and divisions and especially the Confederate soldiers and sailors whose good names and military service the organization honors by its very existence. Furthermore, I declare that I am not a member of any anti-American or hate group such as the KKK, neo-Nazi or other White supremacy organization, including groups whose objective are contrary to the mission and purpose of the Sons of Confederate Veterans as described above and in official Sons of Confederate veterans literature.

Signature of Applicant

Date

The Sons of Confederate Veterans General Headquarters (GHQ) will provide notice annually, beginning about one year after the initial membership is processed, that a payment of \$30.00 is required to maintain active membership in the Friends of the Sons of Confederate Veterans in order to continue the magazine subscription.