

Application For Membership

Type or Print Clearly in Black Ink Only to Avoid Mistakes

To the Officers and Members of

Camp No.

Located at

State of

I, the undersigned, respectfully petition to become a member of the

Sons of Confederate Veterans

Initial Dues are \$35.00 which includes a \$5.00 recording fee; local and state dues are additional. Go to www.scv.org/campLocator.php to find a local Camp. Submit your application directly to the local Camp you wish to join or to: SDV, P. O. Box 59, Columbia TN 38402-0059 if there is no Camp in your area. Attach a copy of the ancestor's war service record or an approved pension for him or his widow. Also include a simple genealogy family tree linking the applicant to the Confederate Soldier. If accepted, I do hereby promise strict compliance to the Constitution and rules of the organization.

The Confederate patriot through whom I petition for membership, and who adhered to the Cause of the Confederate States of

America, was my

RELATIONSHIP OF APPLICANT (PRINT CLEARLY)

whose name was

FULL NAME OF CONFEDERATE SOLDIER (PRINT CLEARLY)

of

State

CITY AND COUNTY (PRINT CLEARLY)

My

☐ Lineal

Confederate Ancestor was a

in Company

☐ Collateral

RANK (PRINT CLEARLY)

Check One

Complete Name of Regiment or Unit

COMPLETE NAME OF REGIMENT OR UNIT (PRINT CLEARLY)

My Confederate Ancestor was: ☐ Paroled, ☐ Surrendered, ☐ Released on Oath, ☐ Discharged, ☐ Killed ☐ or died

On

and is buried in

COUNTY

STATE

NAME OF CEMETERY (PRINT CLEARLY)

Full Name

LEGAL SIGNATURE

Address

City

State

Zip Code

DATE OF BIRTH MM/DD/YY

OCCUPATION

HOME PHONE

WORK PHONE

EMAIL ADDRESS

RECOMMENDED BY

Current Member's Name

Camp Name & No.

REPORT ON APPLICATION

THIS APPLICATION HAS BEEN EXAMINED, AND FROM THE INFORMATION WHICH THE CAMP COMMITTEE HAS BEEN ABLE TO PROCURE, IS APPROVED

SIGNATURE-CAMP COMMITTEE ON APPLICATION

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DATE APPROVED FOR MEMBERSHIP BY CAMP

DATE RECEIVED AT GHQ