

**SOCIETY OF CIVIL WAR FAMILIES
OF LICKING COUNTY, OHIO**

SCWFLC

APPLICATION FOR ONE ADDITIONAL FAMILY MEMBER
(This form may be photocopied)

This form may be submitted ONLY with a completed full-length SCWFLC application.

A check for \$5.00, plus your birth certificate (and marriage record, if applicable) must accompany this form.

Applicant _____ Street _____

City _____ State _____ Zip _____

I, _____, was born on: _____

At _____; married on _____
City/County/State

At _____, to _____
City/County/State (Name of Spouse)

I am the (please circle one:) Child Grandchild Sibling Parent

Of _____, who, at this time, is
submitting an application for membership in Society of Civil War Families of Licking County, Ohio

SCWFLC COMMITTEE USE

Date Received/Check #/Cash

SCWFLC Member Name/ID#

Short application fee

SCWFLC Member Number

Approved

Date