

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 \$25.00 which includes \$5.00 for a 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 SCV, P. O. Box 59, Columbia TN 38402-0059 if there is no local 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 _____ whose name was

Relationship to Applicant (Print Clearly)

Full name of Confederate soldier (Print Clearly)

of _____
City/County (Print Clearly) State

My Lineal } Confederate ancestor was a _____ in Company _____
Collateral } Rank (Print Clearly)
(check one) Complete name of regiment or unit (Print Clearly)

My Confederate ancestor was paroled , surrendered , released on oath , discharged , killed , or died
(check one)

on _____ and is buried in _____
Date County State Name of Cemetery

Clearly Print Full Name

Legal Signature

Address City State Zip Code

Date of Birth Occupation Home Phone Work Phone E-mail

Recommended by

Current Member's Name
(Print)

Camp Name & Number

Report on Application

This application has been examined, and from the information which the camp committee has been able to procure, is approved.

Camp Committee on Application

Camp Committee on Application

Date Approved for Membership by Camp

Date Received at GHQ