



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 \$20.00 with a \$5.00 recording fee; local and state fees are additional.

And if accepted, 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 _____ Date and is buried in _____ 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 IHQ**

International Headquarters

P. O. Box 59
Columbia, TN 38402-0059