

SONS OF CONFEDERATE VETERANS



APPLICATION FOR NATIONAL LIFE MEMBERSHIP

National Life Membership in the Sons of Confederate Veterans is open to any member in good standing. It may be obtained by paying a fee as shown below. Upon acceptance, the National Life Member will receive a National Life Membership certificate, lapel pin, and membership card upon payment in full. The rates shown reflect the dues increase voted on in 2019. This form goes into effect 8-1-2020. All current conditional memberships will be honored at the old rate. ** This is NOT a Division Life membership.** Division life members still owe annual National dues. Failure to pay national dues, voids Division life membership.

Sons of Confederate Veterans Application for National Life Membership

I hereby make application for National Life Membership in the Sons of Confederate Veterans. My payment is enclosed which entitles me to National lifetime membership within the Sons of Confederate Veterans. **I understand that I am still obligated to pay any Division or Camp annual dues if affiliated with a local camp & that National Life Membership only covers national dues.** I further understand that I will also have to continue paying national dues until my National life membership is paid in full if I choose to make payments using the conditional option.

National Life Membership

Conditional National Life Membership*

____ \$875 (Ages 12-64)

____ \$437.50 (Ages 65-79)

____ \$218.75 (Ages 80+)

Name: _____ SCV # _____

Age: _____

Street Address: _____

PLEASE PRINT CLEARLY!

City: _____ State: _____ Zip Code: _____

I am affiliated with _____ Camp # _____

*I hereby make application for Conditional National Life Membership in the Sons of Confederate Veterans. My initial payment of \$175.00 is enclosed with this application, and I understand that regular annual dues must continue to be paid until my final \$175 payment is made. Should I fail to complete my National Conditional Life Membership within 48 months, the Adjutant-in-Chief will prorate the amount paid towards annual membership.

Signature: _____

Date: _____