

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 _____, 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: SCV, 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 _____ 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

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 MM/DD/YYYY

Occupation

Home Phone

Work Phone

email address

RECOMMENDED BY

Current Member's Name (Print)

Camp Name and Number

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