Application For Membership

Type or Print Clearly in Black Ink Only to Avoid Mistakes

Camp No.		Located	l at					
State of				I, the undersigned,	respectfully petit	ion to become	a member of th	
		Sons	of Con	ifederate L	eterans			
Initial Dues are \$35	00 which	n includes a \$5.00 record	ling fee: local and	state dues are additional.	Go to www.scv.ord	ı/campl ocator php	to find a local Can	
Submit your applica copy of the ancestor	tion dire 's war se	ctly to the local Camp yo rvice record or an appro	ou wish to join or to ved pension for hir	o: SCV, P.O. Box 59, Colum n or his widow. Also inclu to the Constitution and ru	bia TN 38402-0059 i de a simple genealog	f there is no Camp gy family tree linkin	in your area. Attac	
The Confederate	patrio	t through whom I p	etition for men	nbership, and who ac	dhered to the Ca	use of the Confe	ederate States	
of America, was	my –		Relations	hip to Applicant (Print Clearly)		wh	ose name was	
			Full Name of C	onfederate Soldier (Print 0	Clearly)			
of								
		Cit	y/County (Print Clearly)			,	State	
My Lineal	ly Lineal Confederate Ancestor was a				in Company			
Collateral				Rank (Print Clearly)		_		
(Check One)	_							
				Complete Name of Regim	ent or Unit (print Clearly)			
Confederate Ancestor	was:	Paroled,	Surrendered	l, Released on Oath	n, Discharge	ed, Killed,	or died	
DATE			County	State		Name of Cemet	ery	
	Clearl	y Print Full Name				Legal Signatur	e	
ADDRESS				City		State	Zip Code	
of Birth MM/DD/YYYY Occupation RECON			Home Phone IMENDED BY					
	Curren	t Member's Name(Print)	Poport	on Application	Camp Nan	ne and Number		
		This application has been exami	-	on Application ation which the camp committee I	nas been able to procure, is	approved		
	SIGNATURE	- Camp Committee on Applicati	on	_	SIGNATURE - Camp Co	mmittee on Application		
					Date Received at GHQ			