



TEXAS DIVISION  
SONS OF CONFEDERATE VETERANS

***LIFE MEMBERSHIP  
APPLICATION***

Member's Name \_\_\_\_\_  
(as it should appear on certificate)

Member No. \_\_\_\_\_ Street Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Camp Name \_\_\_\_\_ Camp No. \_\_\_\_\_

Send this form and a check made payable to Texas Division SCV in the amount of to:

\_\_\_ \$315.00 (Ages 12-64)    \_\_\_ \$157.50 (Ages 65-79)    \_\_\_ \$78.75 (Ages 80+)

**Texas Division SCV  
PO BOX 821877  
N. RICHLAND HILLS, TX  
76182-1877**

DIVISION ADJUTANT'S USE ONLY

CHECKLIST:

Date Received _____	Letter w/certificate & badge sent to member _____
Fee Amount _____	Confirmation letter to Camp Adjutant _____
Check # _____	Posted to Member's Record _____