

Application For Membership

(Type or Print in Black Ink Only)



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

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

_____ **Full name of Confederate soldier**

of _____ **City/County**, _____ **State**

My Lineal } Confederate ancestor was a _____ in Company _____,
 Collateral } **Rank**
(check one) _____ **Complete name of regiment or unit**

My Confederate ancestor was killed , died , paroled , surrendered , released on oath , or discharged
(check one)

on _____ **Date** and is buried in _____ **Name of Cemetery**

_____ **Full Name**

_____ **Legal Signature**

_____ **Address** _____ **City** _____ **State** _____ **Zip Code**

_____ **Date of Birth**

() _____ **Home Phone**

() _____ **Work Phone**

Recommended by

_____ **Current Member**

_____ **Camp Name & Number**

Report On Application

This application has been examined, and from the information which the Committee has been able to procure, is approved.

_____ **Committee on Application**

_____ **Committee on Application**

Date Approved for Membership _____

Please send dues and membership application form to General Headquarters, P.O. Box 59, Columbia, Tennessee 38402-0059.