

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 _____ I, the undersigned, respectfully petition to become a member of the

Sons of Confederate Veterans

Initial National Dues are \$35.00 which includes a \$5.00 recording fee, State Dues are \$7.00 and Camp dues are additional. Submit your application directly to the local Camp you wish to join. Attach a copy of your ancestor's war service record or an approved pension for him or his widow. Also include a simple genealogy family tree linking you to the Confederate soldier under whom you wish to join. 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 _____, _____ State
City/County (Print Clearly)

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, Died.

On _____ and is buried in _____
Date County State Name of Cemetery

_____ Applicants Full Name (Print Clearly) _____ Legal Signature

_____ Street Address _____ City _____ State _____ Zip Code

DOB (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 _____ Signature – Camp Committee on Application

_____ Date approved for Membership by Camp _____ Date received at GHQ