

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 to Applicant

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 _____ and is buried in _____

Date County State Name of Cemetery

Print Full Name

Legal Signature

Address City State Zip Code

Date of Birth

Occupation

Home Phone

Work Phone

Recommended by

Current Member's Name
(Print)

Camp Name & Number

Report on Application

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

Camp Committee on Application

Camp Committee on Application

Date Approved for Membership by Camp

Date Received at IHQ