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Division Annual Report

Sons Of Confederate Veterans

Division _____ (as of June 30th) Cdr. Members In Good Standing Number of Members Delinque Number of Transfers From TOTAL Items 1,2,3 &4 Number of Members Dropped Members Transferred Number of Deaths Number of New Members TOTAL Items 6,7, & Address _____ TOTAL MEMBERS City_____ZIP____ LIVING REAL SONS Phone (h)_____(w) _____ Adjutant_____ Address _____ City_____ZIP ____ Phone (h) (w) NET GAIN or LOSS THIS REPORTING PERIOD _ NO CAMP NAME DIVISION TOTALS -Comments (Use Additional Sheets If Necessary) CDR. Prepared By: