

# Application For Memorial Membership

(Type or Print in Black Ink Only)



We, the undersigned, respectfully petition to have

\_\_\_\_\_ (NAME)

accepted as a Memorial Member of the

## Sons of Confederate Veterans

based upon the service of his Confederate Ancestor.

\_\_\_\_\_ (Full Name of Confederate Soldier)

who was a \_\_\_\_\_ (Rank) (Complete Name of Regiment/Unit)

and was his \_\_\_\_\_ (Relationship)

Recommended by: \_\_\_\_\_ (Current SCV Member)

\_\_\_\_\_ (Mailing Address)

\_\_\_\_\_ (Phone Number)

Endorsed by: \_\_\_\_\_ (Camp, Brigade, or Division Commander)

Submit Fee of \$50.00, along with application to:

Sons of Confederate Veterans  
International Headquarters  
P.O. Box 59  
Columbia, TN 38402-0059

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REPORT ON APPLICATION  
INTERNATIONAL HEADQUARTERS

Executive Director: \_\_\_\_\_

Commander-in-Chief, SCV: \_\_\_\_\_