

CADET MEMBER APPLICATION Revised 7-2020

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 Cadet member of the

Sons of Confederate Veterans

Initial Dues are **\$10.00** to be submitted to GHQ of the Sons of Confederate Veterans with this application. Eligibility and genealogy requirements are the same for Cadet applicants and adult applicants alike. Cadets shall become eligible for full membership, with all rights and privileges, upon attaining twelve (12) years of age. The Cadet shall be entitled to a full swearing in, with all pomp and circumstance associated with becoming a full member, to be set by this Constitution and Standing Orders.

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
(Check One) Rank (Print Clearly)

_____ Complete Name of Regiment or Unit (print Clearly)

My Confederate Ancestor was: Paroled, Surrendered, Released on Oath, Discharged, Killed, or died
On _____ and is buried in _____
DATE County State Name of Cemetery

_____ Clearly Print Full Name _____ Applicant Signature

_____ Name of Parent or Guardian (Print Clearly) _____ Parent or Guardian Signature

_____ ADDRESS _____ City _____ State _____ Zip Code

_____ Date of Birth MM/DD/YYYY _____ Home Phone _____ email address

RECOMMENDED BY

SCV # _____

_____ Current Member's Name (Print Clearly) _____ 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

_____ SCV # _____ SCV# _____
SIGNATURE - Camp Committee on Application SIGNATURE - Camp Committee on Application

_____ Date approved for Membership by Camp _____ Date Received at GHQ TECH initials