

# Application For Membership

**Type or Print Clearly in Black Ink Only to Avoid Mistakes. Unlegible or incomplete applications will be returned to the camp, delaying processing. Make sure to check applicable boxes if re-instatement, cadet turning 12, or supplemental certificate.**

Initial Dues are **\$40.00** which includes a \$5.00 recording fee; local and state dues are additional. Go to [www.scv.org/campLocator.php](http://www.scv.org/campLocator.php) to find a local Camp. Submit your application directly to the local Camp you wish to join or to: SCV, P.O. Box 59, Columbia TN 38402-0059 if there is no Camp in your area. Attach a copy of the ancestor's war service record or an approved pension for him or his widow. Also include a simple genealogy family tree linking the applicant to the Confederate Soldier. If accepted, I do hereby promise strict compliance to the Constitution and rules of the organization.

re- instatement only \_\_\_\_\_ check if applicable      Cadet member having attained the age of 12 \_\_\_\_\_      Supplemental Certificate \_\_\_\_\_  
old camp# \_\_\_\_\_ old id# \_\_\_\_\_      cadet Cadet id# \_\_\_\_\_      Member id# \_\_\_\_\_

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

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 \_\_\_\_\_, \_\_\_\_\_  
City/County (Print Clearly) State

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,  or died  
On \_\_\_\_\_ and is buried in \_\_\_\_\_  
DATE County State Name of Cemetery

Applicants full name printed very clearly.

Legal Signature

ADDRESS

City

State

Zip Code

Date of Birth MM/DD/YYYY

Occupation

Mobile Phone

OTHER Phone

email address

### RECOMMENDED BY

SCV ID# \_\_\_\_\_

Current Member's Name (Print) **AND SCV ID# (IMPORTANT!!)**

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 ID# \_\_\_\_\_

SCV ID# \_\_\_\_\_

SIGNATURE - Camp Committee on Application **AND SCV ID#**

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Date approved for Membership by Camp

Membership # \_\_\_\_\_ Put into SF initials \_\_\_\_\_

Date Received at GHQ