



Reporting period:
For one calendar year ending June 30, _____

ANNUAL CAMP REPORT

Sons of Confederate Veterans

- Army of Northern Virginia
 Army of Tennessee
 Army of Trans-Mississippi

Camp: _____ No.: _____
 City: _____ State: _____

Commander _____ Adjutant _____
 Address _____ Address _____
 City _____ State _____ Zip _____ City _____ State _____ Zip _____
 Phone _____ Mobile _____ Phone _____ Phone Mobile _____

| | | |
|---|--|--|
| 1. Paid members on June 30 of prior year | | |
| 2. New members | | |
| 3. Members transferred from other camps | | |
| 4. Members reinstated from prior years | | |
| 5. TOTAL OF ITEMS 1-4 | | |
| 6. Members who did not pay dues or resigned | | |
| 7. Members transferred to other camps | | |
| 8. Deaths | | |
| 9. TOTOAL OF ITEMS 6-8 | | |
| 10. Paid members at end of year - ITEM 5 MINUS ITEM 9 | | |
| 11. Net change from June 30 of prior year ITEM 10 MINUS ITEM 1* | | |

*Use minus sign if item 10 is less than item 1

Number of meetings this reporting period? _____ Number of special meetings this reporting period? _____

New officers take command in _____ Term of office 1 - year 2-year

Regular meeting day and site address _____

NUMBER OF LIVING "REAL GRANDSONS" _____

ACCOMPLISHMENTS _____

PROBLEMS _____

COMMENTS (USE ADDITIONAL SHEETS IF NECESSARY)

Was IRS Form 990-N (e-Postcard) completed? Yes ___ No ___ If no, why not? _____

Report prepared by: _____

Distribution: 1- SCV HQ, 1- DIV. CMD., 1-DIV. ADJ. 1- CAMP FILE Name _____
 Unassigned camps: : 1- SCV HQ, 1- ARMY CMD., 1- CAMP FILE Title _____ Date _____