

Sons of Confederate Veterans



Membership Reinstatement Form

A. MEMBER (Please print VERY clearly.) Date _____, 20____

I, _____ respectfully request reinstatement of my

membership to Camp _____

My present address is: _____

My Present Phone # is: _____ My Email Address is: _____

My SCV ID # is _____ **Signature** _____

B. RECEIVING CAMP

Date _____, 20____

To the Adjutant-in-Chief, SCV

Compatriot _____ **SCV#** _____ is hereby accepted as a member of
_____ Camp # _____.

Commander (or Adjutant) _____

C. HEADQUARTERS

This Compatriot was officially reinstated on IHQ's records on _____, 20____

(Initials) _____

ORIGINAL MUST BE SENT TO HEADQUARTERS

Form not valid without payment of dues.

February, 21st 2025