

# 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, 21<sup>st</sup> 2025