## Application For Membership (Type or Print Clearly in Black Ink Only To Avoid Mistakes)



Camp No	, Loca	ted at	er of the		,
State of					
I, the undersigned	l, respectfully petitio	n to become a membe	er of the		
	Sons of	t Contede	rate Veter	ans	
Initial dues ar www.scv.org/camp join or to SCV, P. C ancestor's war se family tree linking	e \$35.00 which included to find control to find control f	udes \$5.00 for a recor I local camp. Submit vo TN 38402-0059 if thei Ipproved pension for I Confederate soldier. Ple	ding fee; local and state our application directly to re is no local camp in you nim or his widow. Also hase see <a href="http://www.scv.o">http://www.scv.o</a> institution and rules of the	e dues are addi o the local camp ur area. Attach include a simpl rg/pdf/SCYLine	you wish to a copy of the e genealogy ageChart.pdf
The Confederate p	atriot through whom	I petition for membersh	nip, and who adhered to t	he Cause of the	Confederate
States of America v	vas my	Relationship to Ap		who	se name was
•		Relationship to Ap	plicant (Print Clearly)		
	Full	name of Confederate so	oldier (Print Clearly)		
of			,		
City/County (Print Clearly)				State	
Lineal Confederate ancestor was a			in Company, Rank (Print Clearly)  e of regiment or unit (Print Clearly)		
My Collateral E	] <b>}</b>	130	in (i /iiii Cicuriy)		
(check one)	J	<u> </u>	· (D)		
My Confederate ar	·	, surrendered , relea (Check one n	•		l, or died $\square$ ,
Clearly Print Full Name			Legal Signature		
Address			City	State	Zip Code
		( )	( )		
Date of Birth	Occupation	Home Phone	Work Phone	E-mail	
		Recommend	ed by		
Current Member's Name			Camp Name & Number		
	(Print)	Report on App	ication		
This application has	been examined, and fro		the camp committee has be	en able to procur	e, is approved.
Camp Committee on Application			Camp Committee on Application		
Date Approved for Membership by Camp			Date Received at GHQ		