			For Mem	-		
To the Officers and Mer	nbers of					
Camp No.	Locate	d at				
State of	I, the undersigned, respectfully petition to become a member of the					
Initial Dues are \$35.00 which Submit your application direc copy of the ancestor's war sei	includes a \$5.00 recor	ding fee; local and sta ou wish to join or to:	SCV, P.O. Box 59, Columbi	io to www.scv.org/car a TN 38402-0059 if the	ere is no Camp ir	your area. Attach a
Confederate Soldier. If accept The Confederate patrio	ed, I do hereby promis	e strict compliance to	the Constitution and rules	of the organization.	, ,	
The confederate patho	t through whom i	petition for memic	bership, and who adh		of the come	
of America, was my		Relationship to Applicant (Print Clearly)			whose name was	
		Full Name of Cor	nfederate Soldier (Print Cle	early)		
of						
·		ity/County (Print Clearly)			,	State
My Lineal 🕅	Confederate Ancestor was a			in Company		
			Rank (Print Clearly)		_	
(check one)			Complete Name of Regiment	or Unit (print Clearly)		
My Confederate Ancestor was: On	Paroled, and is buried in	Surrendered,	Released on Oath,	Discharged,	Killed,	or died
DATE	_	County	State		Name of Cemeter	у
Clearly Print Full Name					Legal Signature	
ADDRESS			City		State	Zip Code
Date of Birth MM/DD/YYYY	Occupation			Work Phone	email	address
		RECOMIN	IENDED BY			
Curren	Camp Name and Number					
1	his application has been exam	nined, and from the information	on which the camp committee has	been able to procure, is appro	oved	
SIGNATURE - Camp Committee on Application				SIGNATURE - Camp Committee on Application		
Date appro	ved for Membership by Camp		-		Date Received at G	HQ