## **Application For Membership**



	Members of				
State of	, Located at			I	
I, the undersigned, re	espectfully petition to bec	ome a member of the			
	Sons of C ereby promise strict compotent through whom I petition	pliance to the Constitu	tion and rules of the or	ganization.	
States of America was r		lationship to Applicant		whose name was	
	Full n	ame of Confederate so	ldier		
of	City/County		State		
			in Company		
Collateral (check one)	Complete name of regiment or unit				
My Confederate ancesto	r was killed $\square$ , died $\square$ (ch	, paroled $\square$ , surrende eck one)	red $\square$ , released on oa	th $\square$ , or discharged $\square$	
On	and is buried in Cou	nty	State	Name of Cemetery	
Print Full Name			Legal Signature		
Address	City		State	Zip Code	
Date of Birth Occupati		one () Work Phon Recommended by	e (opt)	Email	
Current Member's Name		SCV ID	Camp Name & N	amp Name & Number	
This application has t	${\sf Re}$ been examined, and from the ir	eport on Application		procure, is approved.	
Camp Com	mittee on Application		Camp Committee on	Application	
Date Approved for Membership by Camp			Date Received at IHO		