Genealogy Links

Contact a Recruiter

Application For Membership

Locate a Camp

Type or Print Clearly in Black Ink Only to Avoid Mistakes. Unlegbile or incomplete applications will be returned to the camp, delaying processing. Make sure to check applicable boxes if re-instatement, cadet turning 12, or supplemental certificate.

Initial Dues are **$40.00** which includes a $5.00 recording fee; local and state dues are additional. Go to www.scv.org/campLocator.php to find a local Camp. Submit your application directly to the local Camp you wish to join or to: SCV, P.O. Box 59, Columbia TN 38402-0059 if there is no Camp in your area. Attach a copy of the ancestor's war service record or an approved pension for him or his widow. Also include a simple genealogy family tree linking the applicant to the Confederate Soldier. If accepted, I do hereby promise strict compliance to the Constitution and rules of the organization.

re- instatement only_____ check if applicable **Cadet member having attained the age of 12_____** **Supplemental Certificate_____**

old camp#_____ old id#_____ **cadet Cadet id#_____** **Member id#_____**

To the Officers and Members of _____

Camp No. _____ Located at _____

State of _____ I, the undersigned, respectfully petition to become a member of the

Sons of Confederate Veterans

The Confederate patriot through whom I petition for membership, and who adhered to the Cause of the Confederate States of America, was my _____ whose name was

Relationship to Applicant (Print Clearly)

_____

Full Name of Confederate Soldier (Print Clearly)

of _____ , _____

City/County (Print Clearly) State

My Lineal ☐ Confederate Ancestor was a _____ in Company _____

Collateral ☐ Rank (Print Clearly)

(Check One)

_____

Complete Name of Regiment or Unit (print Clearly)

My Confederate Ancestor was: ☐ Paroled, ☐ Surrendered, ☐ Released on Oath, ☐ Discharged, ☐ Killed, ☐ or died

On _____ and is buried in _____

DATE County State Name of Cemetery

_____ _____

Applicants full name printed very clearly. Legal Signature

_____ _____ _____ _____

ADDRESS City State Zip Code

_____ _____ _____ _____ _____

Date of Birth MM/DD/YYYY Occupation Mobile Phone OTHER Phone email address

RECOMMENDED BY

SCV ID#

_____ _____

Current Member's Name (Print) **AND SCV ID# (IMPORTANT!!)** Camp Name and Number

Report on Application

This application has been examined, and from the information which the camp committee has been able to procure, is approved

SCV ID# **SCV ID#**

_____ _____

SIGNATURE - Camp Committee on Application **AND SCV ID#** SIGNATURE - Camp Committee on Application **AND SCV ID#**

_____ _____

Date approved for Membership by Camp **Membership #_____** **Put into SF initals_____** Date Received at GHQ