



APPLICATION FOR MEMBERSHIP – *SONS OF CONFEDERATE VETERANS*

TO THE MEMBERS OF THE CAMP:

I, _____, respectfully apply for membership in your Camp, upon the record of my (relationship) _____, (full name of soldier, sailor or marine) _____, whose Confederate service is given herein. The required fees are herewith enclosed.

I hereby certify:

1. That I was born on the ____ day of _____, 19____, in the County/City of _____, State of _____, and my occupation is _____.

2. That I am the son of _____ born in _____ on _____ and died on _____ in _____. His/Her wife/husband _____ was born in _____ on _____ and died in _____ on _____. They were married on _____ in _____.

3. That the said _____ was the son/daughter of _____ born on _____ in _____, and died on _____ in _____. His/Her wife/husband _____ was born on _____ in _____ and died on _____ in _____. They were married on _____ in _____.

4. That the said _____ was the son/daughter of _____

_____ born on _____ in _____,
and died on _____ in _____. His/Her wife/husband
_____ was born on _____ in _____
and died on _____ in _____. They were married on
_____ in _____.

5. That the said _____ was the son/daughter of
_____ born on _____ in _____,
and died on _____ in _____. His/Her wife/husband
_____ was born on _____ in _____
and died on _____ in _____. They were married on
_____ in _____.

6. That the said _____ was the son/daughter of
_____ born on _____ in _____,
and died on _____ in _____. His/Her wife/husband
_____ was born on _____ in _____
and died on _____ in _____. They were married on
_____ in _____.

7. That the said _____ was the son/daughter of
_____ born on _____ in _____,
and died on _____ in _____. His/Her wife/husband
_____ was born on _____ in _____
and died on _____ in _____. They were married on
_____ in _____.

That the said _____ was my _____.

and is the ancestor upon whom I base my application for membership. I certify that all information supplied on or with this application is true and accurate to the best of my knowledge and belief.

Signature of Applicant _____, Date _____

MILITARY RECORD OF ANCESTOR: Here give concisely the complete military record of ancestor, including rank, company designation, regiment and other command in which he served and how service expired (discharge, parole, disability, capture, or death) and any other data desired. This section can be skipped if the information is included in the proof discussed in the following section.

AUTHORITIES FOR MILITARY RECORD: Certificate or other documentary proof should be attached to application. Here give published reference to ancestor's service (title of book or document, page number, etc.).

PERSONAL HISTORY OF THE APPLICANT

1. Address of Applicant _____
2. Telephone numbers _____
3. E-mail address _____

I heard about the Sons of Confederate Veterans (please check or fill in):

- Visiting the SCV National website____
- Visiting the SCV NC Division website____
- Visiting a Camp website____
- Word of mouth____
- SCV member (give name and Camp)_____

The service of an ancestor may be shown in one of the following ways:

- Military record from National Archives, Washington, DC.
- Pension application.
- Published original rosters, State records, Town historians, family records, or other authentic works.
- Authentic copy of some document in the possession of the family, from which service appears.
- Copy of record of the United Daughters of the Confederacy award for Cross of Military Service.
- Reference to application papers of a current or former SCV member, giving his name and address, with certified proof of applicant's relationship to the same ancestor. The reference mentioned herein will not relieve the applicant from including the necessary information of ancestor's service in his application.

Mail this application and lineage form to:

SCV Camp 2205 - 3177 Tump Wilkins Rd - Stem NC 27581

E-mail to: JohnTBullockSCVCamp@gmail.com