

# Application For Membership

Type or Print Clearly in Black Ink Only to Avoid Mistakes

Mail the completed form to the Camp listed below

To the Officers and Members of 34th Texas Cavalry SCV - Camp #2283 Palo Pinto County, Texas  
Camp No. 2283 Located at 2528 Live Oak Rd, Santo, TX 76472  
State of Texas I, the undersigned, respectfully petition to become a member of the

## Sons of Confederate Veterans

Initial Dues are \$65.00 which includes a \$5.00 recording fee; local and state dues are additional. Go to [www.scv.org/campLocator.php](http://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.

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  
(Check One) Rank (Print Clearly)

\_\_\_\_\_  
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

\_\_\_\_\_  
Clearly Print Full Name

\_\_\_\_\_  
Legal Signature

\_\_\_\_\_  
ADDRESS

\_\_\_\_\_  
City

\_\_\_\_\_  
State

\_\_\_\_\_  
Zip Code

\_\_\_\_\_  
Date of Birth MM/DD/YYYY

\_\_\_\_\_  
Occupation

\_\_\_\_\_  
Home Phone

\_\_\_\_\_  
Work Phone

\_\_\_\_\_  
email address

### RECOMMENDED BY

\_\_\_\_\_  
Current Member's Name (Print)

\_\_\_\_\_  
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

\_\_\_\_\_  
SIGNATURE - Camp Committee on Application

\_\_\_\_\_  
SIGNATURE - Camp Committee on Application

\_\_\_\_\_  
Date approved for Membership by Camp

\_\_\_\_\_  
Date Received at GHQ