Application For Membership

Type or Print Clearly in Black Ink Only to Avoid Mistakes

Camp No.	Locate	ed at					
State of			I, the undersigned, re	spectfully petitior	n to become a	member of th	
	San	z of Con	federate B	otorana			
	₩ Ų Į Į	a at Anii	iteurtate B	etetans			
Submit your applicati copy of the ancestor's	O which includes a \$5.00 reco on directly to the local Camp war service record or an appr f accepted, I do hereby promi	you wish to join or to oved pension for hin	o: SCV, P.O. Box 59, Columbi n or his widow. Also include	a TN 38402-0059 if the a simple genealogy fa	ere is no Camp i	n your area. Attac	
The Confederate	patriot through whom I	petition for men	nbership, and who adh	ered to the Cause	e of the Confe	derate States	
of America, was n	ny				wh	ose name was	
		Relations	hip to Applicant (Print Clearly)				
		Full Name of C	onfederate Soldier (Print Cle	parly)			
		i un Name of C	officiale Soldier (Fillit Cle	carry)			
of							
M. Lincol	City/County (Print Clearly) Lineal Confederate Ancestor was a			in Company.			
My Lineal Collateral	Confederate And	estor was a	Rank (Print Clearly)	in Company Rank (Print Clearly)			
(Check One)							
	_		Complete Name of Regiment	or Unit (print Clearly)			
Confederate Ancestor v	vas: Paroled,	Surrendered	, Released on Oath,	Discharged,	Killed,	or died	
	and is buried in						
DATE		County	State		Name of Cemete	ry	
	Clearly Print Full Name				Legal Signature		
	ADDRESS		City		State	Zip Code	
(D: I MAN/DD 0000/							
e of Birth MM/DD/YYYY	Occupation	RECOM	Home Phone IMENDED BY	Work Phone	emaii	address	
	Current Member's Name(Print)		_	Camp Name ar	nd Number		
		-	on Application ation which the camp committee has	·			
SI	GNATURE - Camp Committee on Applic	ation		SIGNATURE - Camp Commi	ittee on Application		
		Date approved for Membership by Camp			Date Received at G		