



Friends of the SCV- Membership Application

Full Name: _____

Street Address: _____ City: _____

State: _____ Zip Code: _____ E-Mail Address: _____

Phone number: _____ Gender: _____ Male _____ Female

Date of Birth: _____

Name and location of Sponsoring SCV Camp: _____

Name of recommending SCV member: _____

I have enclosed a check in the amount of \$45.00, made payable to the SCV for an initial membership in the Friends of the SCV for which I will receive a membership certificate, lapel pin and a one year subscription to the Confederate Veteran magazine which is published six times each year. Renewal s each year will be \$35.00. I promise to always conduct myself in a manner that will reflect positively on the Sons of Confederate Veterans, its members, camps and divisions and especially the Confederate soldiers and sailors whose good names and military service the organization honors by its very existence. Furthermore, I declare that I am not a member of any anti-American or hate group such as the KKK, neo-Nazi or other White supremacy organization, including groups whose objectives are contrary to the mission and purpose of the SCV as described above and in official SCV literature.

(Signature of applicant)

(Date)

The SCV General Headquarters (GHQ) will provide notice annually, beginning about one year after the initial membership is processed, that a payment of \$35.00 is required to maintain active membership in the Friends of the SCV in order to continue the magazine subscription.