



# Society of Confederate Descendants

## APPLICATION FOR MEMORIAL MEMBERSHIP

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We, the undersigned, respectfully petition to have

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*(Name)*

accepted as a Memorial Member of the

# Society of Confederate Descendants

based upon the service of their Confederate Ancestor.

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*(Full Name of Confederate Soldier)*

Who was a \_\_\_\_\_  
*(Rank) (Complete Name of Unit, Regiment)*

And was their \_\_\_\_\_  
*(Relationship)*

Recommended by \_\_\_\_\_  
*(Current SDCV Member)*

\_\_\_\_\_  
*(Street Address) (City) (State) (Zip Code)*

\_\_\_\_\_  
*(Telephone) (E-Mail)*

Endorsed by \_\_\_\_\_  
*(Chapter President)*

Please mail the completed form to:

Society of Confederate Descendants  
P. O. Box 1861  
Mount Pleasant, TX 75456-1861