



Society of Confederate Descendants

LIFE MEMBERSHIP APPLICATION

Member's Name: _____
(as it should appear on certificate)

Membership Number: _____

Street Address: _____

City: _____ State: _____ Zip Code: _____

Chapter: _____

I would like to apply for Life Membership in the Society of Confederate Descendants and certify that my age is:

(18-59) \$400.00

(60-69) \$300.00

(70-79) \$200.00

(80+) \$100.00

Send this form and a check made payable to SCD to:

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

SECRETARY'S USE ONLY

Date Received: _____ Letter w/certificate & badge sent to member: _____

Fee Amount: _____ Confirmation letter to Chapter Secretary: _____

Check #: _____ Posted to Member's New Record: _____