

Application For Membership



To the Officers and Members of Camp 584 MAJ GEN. WILLIAM D. MCCAIN
Camp No. 584, Located at P.O. Box 59, Columbia, TN 38402
State of TENN.

I, the undersigned, respectfully petition to become a member of the

Sons of Confederate Veterans

And if accepted, 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

Full name of Confederate soldier

of _____
City/County State

My Lineal Collateral (check one) I Confederate ancestor was a _____ Rank in Company _____

Complete name of regiment or unit

My Confederate ancestor was killed , died , paroled , surrendered , released on oath , or discharged
(check one)

on _____ Date and is buried in _____ County _____ State _____ Name of Cemetery

Print Full Name

Legal Signature

Address City State Zip Code

Date of Birth Occupation (optional) Home Phone Work Phone (opt) Email

Recommended by

Current Member's Name

SCV ID

Camp Name & Number

Report on Application

This application has been examined, and from the information which the camp committee has been able to procure, is approved.

Camp Committee on Application SCV ID

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Date Approved for Membership by Camp

Date Received at IHO