



Reporting period:
For one calendar year ending June 30, _____

ANNUAL CAMP REPORT

Sons of Confederate Veterans

- Army of Northern Virginia
 Army of Tennessee
 Army of Trans-Mississippi

Camp: _____ No.: _____
 City: _____ State: _____

Cmd. _____ Adj. _____
 Address _____ Address _____
 City _____ State _____ Zip _____ City _____ State _____ Zip _____
 Phone Res. () _____ Bus. () _____ Phone Res. () _____ Bus. () _____

1. Paid members on June 30 of prior year		
2. New members		
3. Members transferred from other camps		
4. Members reinstated from prior years		
5. TOTAL OF ITEMS 1 – 4		
6. Members who did not pay dues or resigned		
7. Members transferred to other camps		
8. Deaths		
9. TOTAL OF ITEMS 6 – 8		
10. Paid members at end of year ITEM 5 MINUS ITEM 9		
11. Net change from June 30 of prior year ITEM 10 MINUS ITEM 1*		

*Use minus sign if item 10 is less than item 1

Number of meetings this reporting period? _____ Number of special meetings this reporting period? _____

New officers take command in _____ Term of office 1- year 2-year

Regular meeting day and site _____

NUMBER OF LIVING "REAL SONS" _____

ACCOMPLISHMENTS _____

PROBLEMS _____

COMMENTS (USE ADDITIONAL SHEETS IF NECESSARY) _____

Report prepared by:

Distribution: 1- SCV HQ, 1- DIV. CMD., 1-DIV. ADJ. 1- CAMP FILE Name _____

Unassigned camps: : 1- SCV HQ, 1- ARMY CMD., 1- CAMP FILE Title _____ Date _____