



**Sons of Confederate Veterans**  
 Trans-Mississippi Army Department, Texas Division

Date \_\_\_\_\_

TO: Adjutant-in-Chief \_\_\_\_\_  
 Sons of Confederate Veterans  
 POB 59  
 Columbia, TN 38402-0059

FROM: Camp Name \_\_\_\_\_ Number \_\_\_\_\_

Adjutant's Name \_\_\_\_\_ Telephone \_\_\_\_\_

Address \_\_\_\_\_

E-Mail \_\_\_\_\_

**Division Adjutant**  
**John Dickey**  
**3121 Sturgis Ln**  
**Waco, TX 76708**

**DUES AND FEES REMITTANCE**

Member's Name	Membership Number	Annual Dues	New Member Fee	Reinstatement Fee	SUBTOTAL AMOUNT
1					
2					
3					
4					
5					
6					
7					
8					
9					
10					
11					
12					
13					
14					
15					

Additional Information \_\_\_\_\_ TOTAL AMOUNT \$ \_\_\_\_\_

CHECK # \_\_\_\_\_

**ADDRESS CHANGES**

Member's Name \_\_\_\_\_ Telephone \_\_\_\_\_

Address \_\_\_\_\_

Member's Name \_\_\_\_\_ Telephone \_\_\_\_\_

Address \_\_\_\_\_

Member's Name \_\_\_\_\_ Telephone \_\_\_\_\_

Address \_\_\_\_\_

Member's Name \_\_\_\_\_ Telephone \_\_\_\_\_

Address \_\_\_\_\_