

**TEXAS DIVISION
SONS OF CONFEDERATE VETERANS**

LIFE MEMBERSHIP APPLICATION

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

Member No. _____ Street Address _____

City _____ State _____ Zip Code _____

Camp Name _____ Camp No. _____

***Send this form and a check made payable to Texas Division SCV with the appropriate
amount to the address below:***

_____ \$315.00 (Ages 12-50) _____ \$157.50 (Ages 51-64)

_____ \$105.00 (Ages 65-75) _____ \$78.75 (Ages 76+)

**Life Membership
Texas Division SCV
733 W. 3rd Avenue
Corsicana, TX 75110**

DIVISION ADJUTANTS' USE ONLY

Checklist:

Date received _____ Letter with certificate and badge sent to member _____

Fee amount _____ Confirmation letter sent to camp adjutant _____

Check No. _____ Posted to member's record _____