



Society of Confederate Descendants

REQUEST TO TRANSFER MEMBERSHIP

A. MEMBER (Please print clearly.)

Date: _____, 20____

I, _____, am a member in good standing in
the _____ Chapter

Respectfully request transfer of my membership to the _____ Chapter.

My present address is: _____

My Present Phone # is: _____ My Email Address is: _____

My SCD Membership # is _____ Signature _____

B. SECRETARY GENERAL

This Compatriot was officially transferred on SDCV's records on _____, 20____

Secretary General's Signature

Please submit this Transfer Request to:

Society of Confederate Descendants

P. O. Box 1861

Mount Pleasant, TX 75456-1861