



Society of Confederate Descendants

CHANGE OF ADDRESS REPORT

Compatriot's Name: _____ Membership Number: _____

COMPATRIOT'S FORMER ADDRESS DATA:

Street Address: _____

City: _____ State: _____ Zip Code: _____

Phone Numbers

Home: _____ Work: _____ Cell: _____

E-Mail Addresses

Work: _____ Home: _____

COMPATRIOT'S NEW ADDRESS DATA:

Street Address: _____

City: _____ State: _____ Zip Code: _____

Phone Numbers

Home: _____ Work: _____ Cell: _____

E-Mail Addresses

Work: _____ Home: _____

Please mail the completed form to:

Society of Confederate Descendants
P. O. Box 1861
Mount Pleasant, TX 75456-1861