



Society of Confederate Descendants

Application for Membership

For SCD HQ Use: _____
Membership #: _____
Name: _____ (last)(first)(middle)(suffix)
Date Received: _____
Date Approved: _____

Applicant Name: _____
(Prefix) (Last) (First) (Middle) (Suffix)

Check One: Note: These dues do not include any state society or local chapter dues that may apply.

Annual Member - \$25 (Annual Dues (\$20.00) + Application Fee (\$5.00))

Legacy Member - \$20
(Joining on the record of a direct relationship with an existing member; e.g., father, grandfather, and brother)
Member Number & Name _____

Supplemental Confederate Relation - \$25 - SDCV Membership Number: _____
(Honoring an additional relation)

Life Member - See Schedule Below

Life Membership Schedule (check or fill in all appropriate boxes below based on age)

Under Age 20	\$1,000	
Age 20 - 29	\$800	
Age 30 - 39	\$700	
Age 40 - 49	\$600	
Age 50 - 59	\$300	
Age 60 - 69	\$200	
Age 70 +	\$100	
Age 80 +	\$50	

Life Memberships

NOTE: The life membership fee is subject to change without notice by the General Executive Council. Any changes in cost will not affect those who are already Life Members. National life memberships do not extend to state society and local chapter dues. Your state society may also have a society lifetime membership - check with your Society Secretary, if interested.

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Applicant

Full Name: _____
Mailing Address: _____
Mailing Address 2: _____
City: _____
State: _____
Country: _____
Zip: _____
Home Phone: _____
Work Phone: _____
Cell Phone: _____
E-mail: _____

Confederate Relation

Rank/Title: _____
First Name: _____
Middle Name: _____
Last Name: _____
Suffix: _____
Unit: _____
State: _____
Dates of Service: _____ From (MM/DD/YY) _____ To (MM/DD/YY)

Status at end of War: _____
(Paroled, KIA, MIA, Resigned, Dead)

Degree of Relatedness to Confederate: _____
(Example: 2GGSON; 2 GGNEPHEW; 5C5R)

NOTE: Applications establishing a blood relationship through a statement of cousin relatedness need to provide the specific degree of relatedness, e.g. 5C5R. In those situations the lineage must be stated to the Most Recent Common Ancestor (MRCA) from the applicant and then also traced from the Confederate relation backward to the MRCA. In those situations the lineage documentation must be adapted to reflect both lineages.

Lineage Documentation - **PROVIDE COPIES OF ALL CITED PROOFS:** For Collateral Relationships provide a duplicate set of lineage papers from the qualifying relation back to the MRCA stated at the ending generation of the first set of lineage papers.

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Generation No.1

My Full Name _____
My Date of Birth _____
My Place of Birth (city, county, state) _____
My Wife's Full Maiden Name _____
Our Marriage Date _____
Our Marriage Place _____
Proofs _____

Generation No. 2

My Father's Full Name _____
My Father's Date of Birth _____
My Father's Place of Birth _____
My Father's Date of Death _____
My Father's Place of Death _____
My Mother's Full Maiden Name _____
My Mother's Date of Birth _____
My Mother's Place of Birth _____
My Mother's Date of Death _____
My Mother's Place of Death _____
My Parent's Date of Marriage _____
My Parent's Place of Marriage _____
Proofs _____

Generation No. 3

Father's Full Name _____
Father's Date of Birth _____
Father's Place of Birth _____
Father's Date of Death _____
Father's Place of Death _____
Mother's Full Maiden Name _____
Mother's Date of Birth _____
Mother's Place of Birth _____
Mother's Date of Death _____
Mother's Place of Death _____
Their Date of Marriage _____
Their Place of Marriage _____
Proofs _____

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Generation No. 6

Husband's Full Name _____
Husband's Date of Birth _____
Husband's Place of Birth _____
Husband's Date of Death _____
Husband's Place of Death _____
Wife's Full Maiden Name _____
Wife's Date of Birth _____
Wife's Place of Birth _____
Wife's Date of Death _____
Wife's Place of Death _____
Their Date of Marriage _____
Their Place of Marriage _____
Proofs _____

Generation No. 7

Husband's Full Name _____
Husband's Date of Birth _____
Husband's Place of Birth _____
Husband's Date of Death _____
Husband's Place of Death _____
Wife's Full Maiden Name _____
Wife's Date of Birth _____
Wife's Place of Birth _____
Wife's Date of Death _____
Wife's Place of Death _____
Their Date of Marriage _____
Their Place of Marriage _____
Proofs _____

Generation No. 8

Husband's Full Name _____
Husband's Date of Birth _____
Husband's Place of Birth _____
Husband's Date of Death _____
Husband's Place of Death _____
Wife's Full Maiden Name _____
Wife's Date of Birth _____
Wife's Place of Birth _____
Wife's Date of Death _____
Wife's Place of Death _____
Their Date of Marriage _____
Their Place of Marriage _____
Proofs _____

Generation No. 9

Husband's Full Name _____
Husband's Date of Birth _____
Husband's Place of Birth _____
Husband's Date of Death _____
Husband's Place of Death _____
Wife's Full Maiden Name _____
Wife's Date of Birth _____
Wife's Place of Birth _____
Wife's Date of Death _____
Wife's Place of Death _____
Their Date of Marriage _____
Their Place of Marriage _____
Proofs _____

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Declaration

I declare upon my honor and upon that of my Confederate relation that the above information provided by me for membership is true and correct to the best of my knowledge and belief. I shall, if admitted to membership, support the Constitution and Bylaws of the **Society of Confederate Descendants**, and faithfully discharge any duties to which I may be called upon to execute as a member or officer.

Applicant's printed name _____

Applicant's signature _____

Date of application _____

Required approval information for local chapter applications

Recommending member's printed name _____

Chapter _____ Mbr. Number _____

Society _____ Date _____

Signature _____

Reviewing chapter officer's/genealogist printed name _____

Title _____

Chapter _____ Mbr. Number _____

Society _____ Date _____

Signature _____

Reviewing Society Genealogist or Commander

Officer's Name _____

Chapter _____ Mbr. Number _____

Society _____ Date _____

Signature _____

The GHQ and/or Registrar will contact the applicant directly regarding questions with the application unless the applicant designates a representative for the Registrar to communicate with by providing the representative's name and e-mail below.

Contact name: _____ E-mail: _____

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For SCD Registrar

Reviewing Registrar's Printed Name _____

Signature _____

Date _____

Notification Information

New Member Package should be mailed to:

Name _____

Address _____

City _____ State _____

Country _____ Zip Code _____

Upon GHQ approval of application, please notify the following (email address must be listed below):

Chapter Adjutant: _____

Chapter Commander: _____

State Society Adjutant: _____

State Society Commander: _____

State Society Genealogist: _____

Other: _____

Other: _____

How did you hear about the Society of Confederate Descendants?

Magazine advertisement (please provide magazine's name and issue date): _____

From existing member (please provide member's name): _____

From another heritage/military society (please provide Society's name): _____

From other source (please describe): _____

As a military heritage group, we would like to know if you are a veteran and some facts about your service.

If needed, please attached additional information to this application.

Branch of service: _____

Time period(s) served (year enlisted): _____ Year separated/retired: _____

Conflict(s) served in: _____ Combat zone: _____

Highest rank: _____ Currently serving? Yes No

Combat awards (please list on the next page)

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List your Military Service/Combat Awards

1. _____
2. _____
3. _____
4. _____
5. _____
6. _____
7. _____
8. _____
9. _____
10. _____
11. _____
12. _____
13. _____
14. _____
15. _____
16. _____
17. _____
18. _____
19. _____
20. _____

Submit your completed application including legible copies of all supporting documentation
along with check (made payable to the SCD) to the

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