



# 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.

**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 \_\_\_\_\_

**Generation No. 4**

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. 5**

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. 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)



**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**