



Society of Confederate Descendants

ASSOCIATE MEMBERSHIP APPLICATION

I, _____, Sex: Male Female
First, Middle, (Maiden), Last

being born _____, at _____
MM/DD/YYYY City, County, State

Street Address City State Zip Code

Home Telephone Cell Telephone E-Mail Address

Name and location of Sponsoring SDCV Chapter

Name of recommending SDCV member

I have enclosed a check in the amount of \$20.00, made payable to the SCD for an initial membership as an Associate Member in the Society of Confederate Descendants for which I will receive a membership certificate. I promise to always conduct myself in a manner that will reflect positively on the Society of Confederate Descendants, its members, and Chapters and especially the Confederate soldiers and sailors whose good names and military service the society honors by its very existence. Furthermore, I declare that I am not a member of any anti-American or hate group such as the KKK, no-Nazi or other White supremacy organization, including groups whose objectives are contrary to the mission and purpose of the SCD as described above and in official SCD literature.

(Signature of applicant) (Date)

Please mail the completed form and check to:
Society of Confederate Descendants
P. O. Box 1861
Mount Pleasant, TX 75456-1861