

**South Carolina Society
Order of Confederate Rose
Membership Transfer Form**

Member Name: _____
(First) (Middle) (Last) (Suffix)

Address _____

City _____ State _____ Zip _____

Phone # (W) () Phone # (H) () Phone # (C) ()

Email Address _____

Current Chapter Name _____ Current Chapter # _____

I hereby declare that I am a member in good standing in the above Chapter and request that my membership be transferred.

Member's Signature

Receiving Chapter Information

SC Society Member _____

is hereby accepted as a member of the _____ Chapter,

Number _____

Chapter President
(Printed Name)

Chapter President
(Signature)

State Society Information

SC Society Member _____

Was officially transferred on SC Society rolls on _____ | _____ | 20____
(Month) (Day) (Year)

(Printed Name)

(Signature)