

**ORDER OF CONFEDERATE ROSE**  
**South Carolina Society**  
**CHAPTER MEMBER Renewal APPLICATION**



Chapter Name: \_\_\_\_\_

City: \_\_\_\_\_

NAME:	Birthdate:
MAILING ADDRESS:	
CITY/STATE/ZIPCODE:	
HOME PHONE:	WORK PHONE:
CELL PHONE / PAGER, etc.:	FAX:
EMAIL:	
APPLICANT'S SIGNATURE:	
DATE OF SUBMISSION:	
DUES (Amount Enclosed):	FOR YEAR BEGINNING JUNE 1, _____

**SC Society annual renewal dues for chapter members are \$10.00.** Dues run from June 1 until May 31. Each chapter may have their own local dues and fiscal year. Chapters are authorized to collect Society renewal dues along with their local dues and **send them to the Society in May.** Members' dues and renewal applications should be sent to the Society throughout the year as they are collected to ensure that the member is included on the roster and receives mailings.

This application is to be used by chapters of the SCOCR for renewal members only. It may be modified by the chapters to include their name and/or logo, as long as it contains all the required information.

New members must use the application that includes the SCV & OCR signature blocks.

Make check or money order payable to "OCR", "SCOCR", or "Order of Confederate Rose".

*Return this completed application and your dues to an Officer of your Chapter. They will send renewal applications and dues to:*

Mosalena Marlar  
 2161 Greenpond Road  
 Fountain Inn, SC 29644  
 (864) 862-3946  
<mailto:treasurer@scocr.org>

*For Office Use:*

Check #: \_\_\_\_\_

Date received: \_\_\_\_\_

Original Application on file: Y or N

Date deposited: \_\_\_\_\_

If application came to the Society directly from member, send info to chapter.

Visit [www.scocr.org](http://www.scocr.org)