

Order of Confederate Rose South Carolina Society Application for a Chapter Charter



Name of Chapter: _____

Location: _____

Officers:

President	
Vice President	
Treasurer	
Secretary	

Charter Members:

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

SCV Camp Affiliation: * _____

**Please include a letter of recommendation from the Commander of the SCV Camp that your chapter is to be affiliated with. Thank you!*



Return this completed form to:

Andrea Wolfe, President SC Society OCR,
130 Upper Loop Way, Columbia, SC 29212