

ORDER OF CONFEDERATE ROSE
South Carolina Society
NEW MEMBER APPLICATION



Chapter Name: _____

City: _____

NAME: _____

MAILING ADDRESS: _____

CITY/STATE/ZIPCODE: _____

HOME PHONE: _____

OTHER PHONE / PAGER, etc.: _____

EMAIL / FAX, etc.: _____

DATE OF BIRTH: _____

OTHER QUALIFICATION: _____ (When required by your chapter.)

RECOMMENDATION: _____

(Signature of an Officer of your chapter of the OCR.)

REFERRAL: _____

(Signature of SCV # _____ Member-in-good-standing)

APPLICANT'S SIGNATURE: _____

DATE OF SUBMISSION: _____

DUES: _____

SC Society annual dues are \$15.00 Dues run from June 1 until May 31. Any dues paid between the Annual Meeting (in March or April) and May 31st will count for the following term. Each chapter may have their own local dues and fiscal year. Chapters are authorized to collect Society dues along with their local dues and send them to the Society. Chapters should send the dues and signed applications of new members to the Society soon after they are collected to ensure that the member is included on the roster and receives membership pin and mailings.

This application is to be used by chapters of the SCOCR, when an application is needed.

Make check or money order payable to "Order of the Confederate Rose".

Return this completed application and your dues to an Officer of your Chapter.

www.scocr.org

For Office Use:

Check #: _____

Date received: _____

Date deposited: _____

Date certificate sent: _____

Date pin sent: _____

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