

Member Reinstatement Form

Adjutant: Please input all information for the Lapsed Member being reinstated.

*** Required**

Member Prefix

- Mr
- Dr
- Rev

Last Name *

First Name *

Middle Name

Suffix

Address *

Please list the Complete Address - this is needed to mail the Confederate Veteran

City *

State *

Zip Code *

Home Telephone

Include Area Code

Work Phone

Include Area Code

Fax Phone

Include Area Code

Pager Phone #

Include Area Code

Mobile Phone #

Include Area Code

Email Address

Camp Name *

Camp Number *

Brigade

Camp Office

Division Adjutant use only

Division Office

Division Adjutant use only

National Office

Division Adjutant use only

Division Status

Division Adjutant use only

National Status

Division Adjutant use only

Member Birthdate

Recommended by: *

SCV member name recommending new applicant

Comments

Division Adjutant use only

Guardian

Division Adjutant use only

Guardian Date

Division Adjutant use only

Ancestor Prefix

If known

Ancestor First Name

Ancestor Middle Name

Ancestor Last Name

Ancestor Suffix

Optional

Relationship to Ancestor

If known

Branch

Branch of Military - Army, Navy, Marines

Regiment

Company

Rank

Served Until

Served Until Date

Ancestor Birth date

Ancestor Death date

Buried at

List the name of the Cemetery

Ancestor Comments

Any other information

Has the Member, that has been Lapsed for more than a year, that is Being Reinstated been Voted on by the Camp *

SC Division Constitution, Article XI, Finance, Section 8. A suspended member may be reinstated to active membership upon payment of all back dues within one year of the deadline, together with all additional levies for that year. A member suspended for more than one year shall only be reinstated upon vote of the Camp and payment of all amounts owed for the current year.

- Yes
- No