



Texas Society Order of Confederate Rose, Inc.

MEMBERSHIP APPLICATION

FOR OFFICE USE ONLY

Chapter# _____ Classification _____

Amount\$ _____ Check# _____

Approval Date _____ (Rev. 2007)

Name _____ Telephone _____

Address _____ City _____ State _____ Zip Code _____

E-Mail _____ Cell Phone _____ Mark One ___ Lady ___ Gentleman

Chapter Name & Number _____ City _____

Tell us about your talents and/or tasks you are willing to perform _____

Mark your choice of membership types, then send completed application and your check made payable to TSOCR for the dues amount corresponding to the type of membership you seek to:

Cindy Bobbitt, TSOCR Treasurer
211 FM 2274 N, Jacksonville, Texas 75766
cbobbitt@peoplepc.com 903-683-5554

_____ Chapter Member \$20.00 _____ Member at Large \$20.00 _____ Lifetime Member \$120.00

Application MUST be signed and dated by the applicant and endorsed by a current member of the Texas Society Order of Confederate Rose or Texas Division Sons of Confederate Veterans.

Applicant's Signature _____ Date _____

Endorsed by (Signature) _____ Chapter/Camp _____