



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.

\_\_\_\_\_ Chapter Member \$10.00 \_\_\_\_\_ State Due \$10.00 \_\_\_\_\_ Lifetime Member \$120.00 \_\_\_\_\_ Member-at-Large \$20.00

For memberships in a specific chapter, please send the completed application and your check made payable to your chapter for the dues amount corresponding to the type of membership you seek to:

Chapter President \_\_\_\_\_  
Address \_\_\_\_\_  
City, State & Zip \_\_\_\_\_

For Member-at-Large membership, please send the completed application and your check made payable to TSOCR for the dues amount corresponding to the type of membership you seek to:

Susan Sager, TSOCR Treasurer  
P. O. Box 2433 Spring, Texas 77383-243  
[Montgomeryrose47@gmail.com](mailto:Montgomeryrose47@gmail.com)  
713-305-2836

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 \_\_\_\_\_