CADET MEMBER APPLICATION

Type or Print Clearly in Black Ink Only to Avoid Mistakes



Camp No.	Locate	ed at					
State of	I, the undersigned, respectfully petition to become a Cadet member of						
	Some	z of Con	federate V	otorana			
	≈ 011/2		tedetate Di	Littuiis			
Initial Dues are \$10.00 to be and genealogy requirement privileges, upon attaining tw a full member, to be set by ti	s are the same for Cade velve (12) years of age. 1	t applicants and adul The Cadet shall be ent	lt applicants alike. Cadets sh	all become eligible fo	r full membersl	nip, with all rights an	
The Confederate patric	ot through whom I	petition for mem	bership, and who adh	ered to the Cause	of the Conf	ederate States	
of America, was my					wl	nose name was	
,		Relationship to Applicant (Print Clearly)					
		Full Name of Co	onfederate Soldier (Print Cle	arly)			
- £							
of	(City/County (Print Clearly)				State	
My Lineal ☐ Confederate Ancestor was a			in Company				
Collateral	Rank (Print Clearly)						
(Check One)							
	Complete Name of Regiment or Unit (print Clearly)						
Confederate Ancestor was:	Paroled,	Surrendered,	Released on Oath,	Discharged,	Killed,	or died	
	and is buried in						
DATE		County	State		Name of Cemet	ery	
Clear	ly Print Full Name				Legal Signatu	re	
Cicui	iy i mici dii Name				Eegui Sigriata		
ADDRESS			City		State	Zip Code	
e of Birth MM/DD/YYYY Home Ph					email	address	
		RECOM	MENDED BY				
Curre	nt Member's Name(Print)			Camp Name ar	nd Number		
	This application has been exar	-	on Application tion which the camp committee has	been able to procure, is appr	oved		
SIGNATURI	E - Camp Committee on Applica	ation	_	SIGNATURE - Camp Commi	ittee on Application		
			_				
Date appr	oved for Membership by Camp)		Date Received at GHQ			