

Friends of the SCV- Membership Application

Full Nam	ne:				
Street Address:			City:		
State:	Zip Code:	E-Mail Address:			
Phone nu	ımber:		Gender:	Male	Female
Date of E	Birth:				
Name and	d location of Sponsorin	g SCV Camp:			
Name of	recommending SCV m	ember:			
the Frience subscript always comembers and milit member organizat	ds of the SCV for which ion to the Confederate conduct myself in a man and divisions a camps and divisions a cary service the organization of any anti-American or	mount of \$40.00, made payar h I will receive a membersh Veteran magazine which is part that will reflect positive and especially the Confederation honors by its very exist hate group such as the KK whose objectives are contrarged.	ip certificate, lapel published six times ly on the Sons of Cute soldiers and sail tence. Furthermor KK, neo-Nazi or other soldiers and sail tence.	pin and a one seach year. If Confederate Velors whose goods, I declare that the work white supposes in the confederate white supposes in the c	year promise to eterans, its od names at I am not a remacy
	(Signature o	f applicant)		(Date)	

The SCV General Headquarters (GHQ) will provide notice annually, beginning about one year after the initial membership is processed, that a payment of \$30.00 is required to maintain active membership in the Friends of the SCV in order to continue the magazine subscription.