

North Carolina Division  
Sons of Confederate Veterans  
Application for Life Membership

I, \_\_\_\_\_ SCV ID # \_\_\_\_\_

a member in good standing in the \_\_\_\_\_

Camp # \_\_\_\_\_, of the city of \_\_\_\_\_

on this \_\_\_\_\_ day of \_\_\_\_\_, in the year \_\_\_\_\_, respectfully

request Life Membership in the North Carolina Division, Sons of Confederate Veterans.

Enclosed is a check for the age appropriate amount designated below:

( ) Age 12 – 64 \$375.00

( ) Age 65 – 79 \$187.50

( ) Age 80+ \$93.75

**Print member name** \_\_\_\_\_

**Legal Signature** \_\_\_\_\_

**Address** \_\_\_\_\_

**City** \_\_\_\_\_ **State** \_\_\_\_\_ **Zip Code** \_\_\_\_\_

**Phone** \_\_\_\_\_ **email** \_\_\_\_\_

Payment is made directly to the Division Adjutant either through the member's camp or directly through the member. Make check payable to NC Division SCV and send to:

**Danny Bolick**

**3445 Sigmont Dr.**

**Claremont, NC 28610**