

**Jim Pearce Camp #2527
Sons of Confederate Veterans
Associate Membership Application**

Full Name: _____

Address: _____ City: _____

State: _____ Zip Code: _____ E-Mail Address: _____

Phone number: _____ Gender: _____ Male _____ Female

Date of Birth: _____

Name of recommending SCV member: _____

I have enclosed payment in the amount of \$9.00 for an associate membership in the Jim Pearce Camp for which I will receive a membership certificate and access to the PDF electronic edition of the Confederate Veteran Magazine which is published six times a year and will be obtainable by me at the applicable camp meeting.

I promise to always conduct myself in a manner that will reflect positively on the Sons of Confederate Veterans, its members, camps and divisions and especially the Confederate soldiers and sailors whose good names and military service the organization honors by its very existence.

I declare that I am not a member of any anti-American or hate group such as the KKK, neo-Nazi or other white supremacy organization, including groups whose objectives are contrary to the mission and purpose of the SCV as described above and in official SCV literature.

I acknowledge that as an Associate Member I have no vote in SCV or Camp business but that my input in discussions is welcomed and that the effort I put forth is greatly appreciated.

I understand that I am applying for Associate Membership with the Jim Pearce Camp, not the Sons of Confederate Veterans.

(Signature of applicant)

(Date)

A payment of \$9.00 annually to the Jim Pearce Camp is required to maintain an active associate membership.

Report on Application

This application has been examined, and from the information which the camp committee has been able to procure, is approved.

SIGNATURE – Camp Committee

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Date approved for Associate Membership