



**SONS OF CONFEDERATE VETERANS MOTORCYCLIST  
MEMBERSHIP APPLICATION**

Your Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_

Zip: \_\_\_\_\_ Tel: \_\_\_\_\_ E-Mail: \_\_\_\_\_

**SCV Camp and Ancestor Details:**

Member of SCV Camp: \_\_\_\_\_ SCV # \_\_\_\_\_

Referred By SCVMC Member: \_\_\_\_\_ MC# \_\_\_\_\_ SCV # \_\_\_\_\_

**The Confederate Patriot through whom I claim membership to the SCV:**

Name: \_\_\_\_\_ Company: \_\_\_\_\_

Regiment: \_\_\_\_\_ Army of: \_\_\_\_\_

Branch of Service: \_\_\_\_\_ Home State: \_\_\_\_\_

Dates of Service: \_\_\_\_\_ Other: \_\_\_\_\_

**About you, information you wish to share:**

Co-Riders \_\_\_\_\_ Motorcycle: \_\_\_\_\_

Other: \_\_\_\_\_

Questions or comments: \_\_\_\_\_

Print and Mail this completed form, **A Copy of Your SCV Membership ID Card** and your \$100.00 check for a one-time non-refundable application fee. Any "service mark" distributed is on loan only, remaining the property of the organization

**Mail to:**

**Colonel Kevin Stone  
805 Cool Springs Road  
Sanford, NC 27330  
Phone: 919-721-1231**

**Web Site--<http://www.scvmccsa.org>**

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