



**SONS OF CONFEDERATE VETERANS  
MECHANIZED CAVALRY**

**MEMBERSHIP APPLICATION**

Date: \_\_\_\_\_

**PLEASE PRINT LEGIBLY**

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

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

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

Zip: \_\_\_\_\_ Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

E-Mail: \_\_\_\_\_

**SCV Camp and Referring SCV-Mechanized Cavalry Member Details:**

Member of SCV Camp & Number: \_\_\_\_\_

SCV Membership ID # \_\_\_\_\_

Referred By SCV-Mechanized Cavalry Member: \_\_\_\_\_

Mechanized Cavalry # \_\_\_\_\_ SCV Membership ID # \_\_\_\_\_

**Information you wish to share:**

Co-Rider: \_\_\_\_\_ Motorcycle Type: \_\_\_\_\_

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.

Contact Captain for rockers, NOT included in fee

**NOTE: Allow 30 days from submitting application before requesting application status.**

**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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