



_____ Chapter

Georgia _____ State
ORDER OF THE CONFEDERATE ROSE
CONFEDERATION OF STATE SOCIETIES

APPLICANT

Name: _____
Address: _____
City, State, Zip: _____
Home Phone: _____ Cell phone: _____
Email: _____
Date of Birth: _____
Signature: _____

REFERRAL (Signature of OCR or SCV member in good standing):

Name: _____
Camp name/number: _____
Phone: _____
Email: _____
Signature: _____

RECOMMENDATION (Signature of a member of OCR):

Name: _____
Chapter: _____
Phone: _____
Email: _____
Signature: _____

\$20.00 Annual Membership Dues / \$100.00 Lifetime Membership

Return this Completed Application to:

Donna Mull
366 Savannah Ave
Statesboro, Ga. 30458

or

Marcelle Cail
134 Mark Circle
Savannah, Ga. 31405