



**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. Applicant agrees to return "Service Mark" upon separation from Mechanized Cavalry.

Signature

Date

Contact Captain for rockers, NOT included in fee.

Make check payable to SCVMC1G & Mail to: Kevin Nelms; 25 County Road 112; Corinth, MS 38834