



**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 & Mail to: the Captain of the State you live in. To obtain the Captain's information go to Battalion State Organization on the Mechanized Cavalry website and click on the State on the map you're from.**