



*Descendants of Confederate Veterans,
a Texas Based Society
Application for Membership*

I, _____
First, Middle, (Maiden), Last

being born _____, at _____
MM/DD/YYYY City, County, State

Do hereby apply for membership in the Descendants of Confederate Veterans, Texas Association, by right of the service of my Confederate Ancestor, whose name and rank was:

Ancestor's Full Name (First, Middle (if known), Last), Rank, Unit

Who served from _____ until _____ when he was _____
Year Year Killed, Died, Resigned, etc.

Documentation of service _____

I reside at _____
Mailing Address

Phone: _____ Phone: _____

Email: _____

1. I, _____ born _____
First, Middle, (Maiden), Last *MM/DD/YYYY*

at _____ am the son/daughter of:
City, County, State

_____ born _____
Father's Name *MM/DD/YYYY*

at _____, died _____ at
City, County, State *MM/DD/YYYY*

_____.

City, County, State

_____ born _____
Mother's Name *MM/DD/YYYY*

at _____, died _____ at
City, County, State *MM/DD/YYYY*

_____.

City, County, State

Married _____ at _____
Name *Location*

Proof _____

2. My father mother was the son daughter brother sister of:

_____ born _____
Name *MM/DD/YYYY*

at _____, died _____ at
City, County, State *MM/DD/YYYY*

_____.

City, County, State

_____ born _____
Wife's Maiden Name *MM/DD/YYYY*

at _____, died _____ at
City, County, State *MM/DD/YYYY*

_____.

City, County, State

Married _____ at _____
Name Location

Proof _____

3. My ancestor _____ was the son daughter
Name

brother sister of:

_____ born _____
Name MM/DD/YYYY

at _____, died _____ at
City, County, State MM/DD/YYYY

City, County, State

_____ born _____
Wife's Maiden Name MM/DD/YYYY

at _____, died _____ at
City, County, State MM/DD/YYYY

City, County, State

Married _____ at _____
Name Location

Proof _____

4. My ancestor _____ was the son daughter
Name

brother sister of:

_____ born _____
Name MM/DD/YYYY

at _____, died _____ at
City, County, State MM/DD/YYYY

City, County, State

_____ born _____
Wife's Maiden Name MM/DD/YYYY

at _____, died _____ at
City, County, State *MM/DD/YYYY*

City, County, State

Married _____ at _____
Name *Location*

Proof _____

5. My ancestor _____ was the son daughter
Name

brother sister of:

_____ born _____
Name *MM/DD/YYYY*

at _____, died _____ at
City, County, State *MM/DD/YYYY*

City, County, State

_____ born _____
Wife's Maiden Name *MM/DD/YYYY*

at _____, died _____ at
City, County, State *MM/DD/YYYY*

City, County, State

Married _____ at _____
Name *Location*

Proof _____

6. My ancestor _____ was the son daughter
Name

brother sister of:

_____ born _____
Name *MM/DD/YYYY*

at _____, died _____ at
City, County, State *MM/DD/YYYY*

City, County, State

Wife's Maiden Name born _____
MM/DD/YYYY

at _____, died _____ at
City, County, State *MM/DD/YYYY*

City, County, State

Married _____ at _____
Name *Location*

Proof _____

7. My ancestor _____ was the son daughter
Name

brother sister of:

Name born _____
MM/DD/YYYY

at _____, died _____ at
City, County, State *MM/DD/YYYY*

City, County, State

Wife's Maiden Name born _____
MM/DD/YYYY

at _____, died _____ at
City, County, State *MM/DD/YYYY*

City, County, State

Married _____ at _____
Name *Location*

Proof _____

About the Qualifying Ancestor

Please give a brief biographical sketch below of the ancestor from whom the applicant is claiming descent. Sources of this information may include traditional family beliefs as well as documented history.

Please list other organizations of which you are a member: _____

I declare upon my honor that the information above and all information provided by me for membership is true and correct to the best of my knowledge and belief. If admitted to membership, I shall support the Constitution and Bylaws of the Descendants of Confederate Veterans, and faithfully discharge any duties to which I may be called upon to execute as a member or officer.

Signature of applicant

Date

God - Truth - Honor - Heritage

Statement of Policy

Membership in any organization that advocates secession from the United States, the overthrow of the United States government, white supremacy, or racial discord excludes the applicant from membership in this organization. Any member who joins such an organization after membership in the DCV is approved shall be immediately expelled. Misrepresentation of such membership on a DCV application is grounds for immediate expulsion. By signing below, the applicant swears that he or she is in compliance with these rules.

Signature of applicant

Date

Membership in the DCV must be approved by the Membership Committee. Upon receipt of your application, by the Registrar, it will be reviewed by the Membership Committee and the applicant will be promptly notified.

Is applicant sponsored by a current member in the DCV?

Yes Name of sponsoring member _____

No

All submitted applications and proofs in support thereof are property of the Descendants of Confederate Veterans. Proofs of marriages, deaths, births, etc., are not required for membership but are encouraged to be sent with the application.

If you are submitting your application through a DCV Chapter: *Please follow the instructions given to you by the Chapter President or Secretary.*

If there is not a local DCV Chapter, you will submit your application directly to the State DCV Organization. The application fee is \$14.00. The annual DCV Association dues is \$16.00. The year you apply, the annual dues is prorated as follows:

- January - March application = \$16.00
- April - June application = \$12.00
- July - September application = \$8.00
- October - December application = \$4.00

Please submit your application, with the application fee and applicable dues amount (check made payable to DCV Texas Association) to:

Carl Hedges, Jr.
809 Beverly Dr.
Carthage, Texas 75633

Membership Committeeperson(s) Approval

The signatures affixed below indicate acceptance of the applicant into the Descendants of Confederate Veterans, as of the Date indicated by the Membership Committeeperson's signature.

Signature of Membership Committeeperson

Date

Signature of Membership Committeeperson

Date