



**DESCENDANTS OF
CONFEDERATE VETERANS**
Texas Based Society

Application for Membership

I, _____ being born _____,
Full Name of Applicant (first, middle, (maiden), last) Day, Month, Full Year

At _____
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 is:

Ancestor's Full Name, Rank, and Unit

Who served from _____ until _____ when he was

_____ Documentation of service _____
Killed, Died, Resigned, Paroled, etc.

I reside at _____
Street, Mailing Address City, State, Zip Code

Phone: () _____ () _____ () _____
Home Office Fax

E-mail address: _____

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.

_____ Date _____
Legal signature of applicant

Membership in the DCV must be approved by the Membership Committee. Upon receipt by the Registrar the application 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

Membership Committee Signatures

Approved by:

_____ Date _____
Signature of Membership Committeeperson

_____ Date _____
Signature of Membership Committeeperson

Date of acceptance into membership: _____

1. I, _____ Born _____ where _____
Am the son/daughter of: _____ Date _____ City, County, State

_____ Born _____ where _____
Father's name

Died _____ where _____

_____ Born _____ where _____
Mother's name

Died _____ where _____

Married _____ Where _____

Proof: _____
=====

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

_____ Born _____ where _____
Name

Died _____ where _____

_____ Born _____ where _____
Wife's maiden name

Died _____ where _____

Married _____ Where _____

Proof: _____
=====

3. My ancestor _____ was the ()son ()daughter ()brother ()sister of:

_____ Born _____ where _____
Name

Died _____ where _____

_____ Born _____ where _____
Wife's maiden name

Died _____ where _____

Married _____ Where _____

Proof: _____
=====

4. My ancestor _____ was the ()son ()daughter ()brother ()sister of:

_____ Born _____ where _____
Name

Died _____ where _____

_____ Born _____ where _____
Wife's maiden name

Died _____ where _____

Married _____ Where _____

Proof: _____
=====

5. My ancestor _____ was the ()son ()daughter ()brother () sister
Collateral Lineage: ()father () mother of:

_____ Born _____ where _____
Name

Died _____ where _____

_____ Born _____ where _____
Wifes' maiden name

Died _____ where _____

Married _____ Where _____

Proof: _____
=====

6. My ancestor _____ was the ()son ()daughter () brother ()sister
Collateral Lineage: () father () mother of:

_____ Born _____ where _____
Name

Died _____ where _____

_____ Born _____ where _____
Wife's maiden name

Died _____ where _____

Married _____ Where _____

Proof: _____
=====

7. My ancestor _____ was the ()son ()daughter () brother ()sister
Collateral Lineage: () father () mother of:

_____ Born _____ where _____
Name

Died _____ where _____

_____ Born _____ where _____
Wife's maiden name

Died _____ where _____

Married _____ Where _____

Proof _____
=====

Application of _____

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: _____

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 making application through a DCV Chapter: *Please follow the instructions given to you by the Chapter Secretary or President regarding proper submission of the application form itself and payment of any local dues/fees.*

If making application directly to the State DCV Organization due to no chapter being located in your area: *A check for \$30.00 made payable to DCV Texas Association should accompany the application. This will cover the one-time \$14.00 application fee and the annual dues of \$16.00. Please send completed application and check to:*

Carl Hedges, Jr.

809 Beverly Dr.

Carthage, Texas 75633