



Application for Reinstatement of Member
of the Virginia Division SCV

A. Request

Date: _____

I, _____ (SCVID #) _____, request reinstatement
in the _____ Camp # _____, city of _____,
state of Virginia.

My current address is: _____.

Signature _____

B. Reinstatement Fees:

National Dues + \$5.00 Reinstatement Fee _____

Virginia Division Dues \$10.00 _____

Virginia Division Reinstatement Fee \$5.00 _____

TOTAL _____

Supporting Documents Included? Yes () No ()

C. Mail to:

Sons of Confederate Veterans
Virginia Division Adjutant
P.O. Box 9043
Virginia Beach, VA 23450-9043