

Southern California Chapter
Order of Confederate Rose
Membership Application

Applicant Name: _____

Street Address: _____

City, State & Zip Code: _____

Phone: _____

E-Mail Address: _____

Date of Birth: _____

Signature: _____

Referral (SCV Member –In-Good-Standing)

Name: _____

Camp: _____

Phone: _____

E-Mail Address: _____

Signature: _____

Recommendation (OCR Member –In-Good-Standing)

Name: _____

Chapter: _____

Phone: _____

E-Mail Address: _____

Signature: _____

Date of Submission: _____

Mail with check for \$20.00 payable to OCR to:
Sandra Padgett
5412 Citrus Grove Place
Whittier, California 90601-2311
missbelle1861@earthlink.net