



GEORGIA SOCIETY ORDER OF CONFEDERATE ROSE MEMBERSHIP APPLICATION

ROSE _____ ROSE PETAL/BUD _____ BLACK ROSE PARTICIPANT _____ THORN _____
Dues \$20 Annual OR \$150 Lifetime Processing fee \$5 Youth 0-12 NO EXTRA FEE

NAME	DATE
ADDRESS	
CITY, STATE ZIP	COUNTY
HOME PHONE	MOBILE PHONE
EMAIL ADDRESS	DATE OF BIRTH
SIGNATURE	
REFERRED BY A GEORGIA SCV OR GA OCR MEMBER IN GOOD STANDING (can be waived when part of Charter Application) (Parent Information for Rosebuds)	
NAME	CAMP NAME & NUMBER
PHONE NUMBER	EMAIL ADDRESS
SIGNATURE	
AMOUNT RECEIVED	MEMBER NUMBER ASSIGNED

As we are not a motorcycle club nor a 1% club, we are by no means allowed to be affiliated with such groups or any other organization which would seek to cause harm to the OCR or SCV. There are membership requirements to be considered an active member of this organization. With this application/Renewal I agree all grievances shall be handled within the Order of confederate Roses. I also agree never to originate or take part in any legal actions against the Georgia Order of Confederate Rose or any of the Chapters within.

Submit application and payment to the President of the enrolling Chapter you are seeking to join. SCV Thorns should include a copy of their current SCV Membership Card. Chapter Presidents mail the completed application to:

GA OCR Secretary/Treasurer Megan Swails 63 Liberty Chapel Rd, Thomaston GA 30286