



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:

Virginia Division Dues \$10.00 \$10.00

Virginia Division Statement Replacement or Reinstatement Fee \$5.00..... \$5.00

TOTAL..... \$15.00

Supporting Documents Included? Yes () No ()

C. Mail to:

Sons of Confederate Veterans
Virginia Division Adjutant
3471 Sleepy Hole Road
Suffolk, VA 23435