



# Texas Society Order of Confederate Rose, Inc.

## LEGACY MEMBERSHIP APPLICATION

PLEASE PRINT

FOR OFFICIAL USE ONLY	
Chapter:	_____
Amount \$	_____
Date Received	_____
Form of Payment	_____
Approved	_____

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

EMAIL: \_\_\_\_\_ BIRTHDATE(including year): \_\_\_\_\_

Chapter Name, Number, City-you are joining:

\_\_\_\_\_

ONE TIME LEGACY MEMBERSHIP DUES \$10

Legacy membership is from birth through age twelve (12). Upon reaching age thirteen (13) or later, he/she can become a regular TSOCR member by completing the change form and paying TSOCR dues. Send completed Legacy Application to TSOCR Director:

Brenda Guise, 713 Spring Meadow St., Stephenville, TX. 76401. TexasDixieRose@icloud.com

Mark your choice of membership certificate:    \_\_\_ Rose Petal for Young Ladies    \_\_\_ Little Rebels for Young Gentlemen

Applicant MUST be endorsed by a current member of the Texas Society of Confederate Rose

Endorsed by: \_\_\_\_\_ Chapter: \_\_\_\_\_

Relationship: \_\_\_\_\_ Date: \_\_\_\_\_