



Texas Society Order of Confederate Rose™, INC

Membership Application
Please Print or Type

OFFICE USE ONLY

Date Rec'd _____
Check # _____
date sent to _____
Treasurer _____
Entered on _____
Spreadsheet _____
Date Cert & Pin _____
mailed _____

Name: _____ Phone: _____ Female _____ Male _____

Address: _____ City: _____ State: _____ Zip: _____

Email: _____ Birthdate: Month _____ Day _____ Year _____

Chapter Name, Number and city you wish to join: _____

Do you want to receive TSO CR group emails? YES _____ NO _____

Talents/skills you can contribute to TSO CR/Chapter: _____

Membership Types and Fee (Check all applicable)

*Fees are determined by the Fee Schedule in effect on the date of your application

A. _____ CHAPTER MEMBER

Fee: TSO CR STATE Enrollment Fee \$10 plus fee to local chapter (amount determined by each chapter)
Annual State Dues \$10 plus Chapter Dues will apply.
*******No Chapter or State dues to be collected until and unless application is approved by the Board of Directors. Send NO MONEY NOW**

B. _____ LIFETIME MEMBER

5 Years TSO CR membership required prior to Lifetime application, followed by a one time \$240 fee. then any applicable Chapter dues annually thereafter.

Please email or USPS completed application **NO MONEY, NO CHECKS** to
TSO CR Director: Brenda Guise
713 SPRING MEADOW ST.
Stephenville, TX 76041
TexasDixieRose@gmail.com

Form must be signed and dated by the applicant, endorsed by a TSO CR member in good standing and Chapter Rep. Send no money

Applicant's Signature: _____ Date: _____

Endorsed by: _____ TSO CR Chapter: _____

Chapter Representative: _____ Date: _____

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MEMBERSHIP APPLICATION Continued

1. Have you ever been a member of any chapter(s) of the Texas Society Order of Confederate Rose? If YES, list all names and numbers of the Chapters, location-city. Include any Chapter/State offices held including dates and reason(s) for leaving. Additional pages may be submitted if needed.

YES: _____ NO: _____

2. Have you ever been a member of any other Order of confederate Rose organization. If YES, list names and numbers of the Chapters, Location-city and STATE. Include dates enrolled and reason(s) for leaving. Additional pages may be submitted if needed.

YES: _____ NO: _____

3. Have you held or currently hold membership in any other Heritage Organizations (such as UDC, DRT, DAR, SCV, Museum Boards, Historical Commissions, Cemetery Associations, etc) Additional pages may be submitted if needed.

YES: _____ NO: _____

4. Will you pledge to loyally support the activities of the chapter and the TSOCR and to honorably carry on the memory of the Confederacy and in so doing honor to the men and women of the South.

YES: _____ NO: _____

I, _____ confirm that the information submitted with this application is correct. I will not publicly by letter, orally or by social media, air any grievance(s) with an individual member, Chapter or TSOCR, but handle them according to the ByLaws. I will at all times represent TSOCR with Southern dignity, civility and integrity.

Applicant Signature: _____ Date: _____

Witness Signature: _____ Date: _____