



Texas Society Order of Confederate Rose™, Inc.

BLACK ROSE MEMBERSHIP APPLICATION

Please Type or Print

FOR OFFICE USE ONLY

Amount \$ _____

Date Rec'd _____

Check # _____

Receipt # _____

There is no fee for membership. However, a member must meet the following requirements:

- TSOOCR Black Rose members must be a member of the TSOOCR
- Members must have a complete mourning outfit. Mourning outfit must be approved by Chapter Representative or TSOOCR Officer.
- TSOOCR Black Rose Application must be completed and signed by the member and the Chapter Representative.

Name: _____ Phone: _____

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

Email: _____

Chapter Name, Number, City: _____

By signing this form, you are requesting to be a member of the TSOOCR Black Rose and attest that you have read and will adhere to the Black Rose Handbook

Applicant's Signature: _____ Date: _____

The above named TSOOCR member has met all the necessary requirements to be a member of the TSOOCR Black Rose.

Chapter Representative: _____ Date: _____

Send completed form to TSOOCR Black Rose Coordinator
Brenda Guise
713 Spring Meadow St.
Stephenville, TX 76401
23cactusrose@gmail.com