

Texas Society Order of Confederate Rose™, Inc.
MEMBER CHANGE FORM

MEMBER NAME: _____

CHAPTER NAME AND NUMBER: _____

REQUESTED ACTION- CHECK ONE OF THE CHOICES BELOW

Transfer from Chapter _____ # _____

to Chapter _____ # _____

(Enclose new Chapter dues, if required)

I am a: Black Rose Gentleman Grey Legacy Member Life Member Golden Rose

SIGNATURES:

Losing Chapter Rep: _____ Date: _____

Gaining Chapter Rep: _____ Date: _____

Become a Golden Rose Date of Birth: _____

Upgrade from Legacy membership to Rose membership

Chapter Name: _____ # _____

(Enclose applicable TSOCR and Chapter dues)

Change of Member Information: circle one: NAME ADDRESS PHONE EMAIL OTHER

New Information: _____

Must have signatures of the Chapter Representative and TSOCR Member

Rose Member Signature: _____ **Date:** _____

Chapter Rep Signature: _____ **Date:** _____

Send signed original form to your Chapter Rep and a copy to the
TSCOR Membership Coordinator Jennifer Figley: jennyfigley@otmail.com