



Texas Society Order of Confederate Rose™, Inc.

MEMBERSHIP APPLICATION

PLEASE PRINT OR TYPE

OFFICE USE ONLY

Date Recd _____
Check No. _____
Date sent to Treasurer _____
Entered on Spreadsheet _____
Date Cert & Pin mailed _____

Name: _____ Phone: _____ Female Male
Address: _____ City: _____ State: _____ Zip: _____
Email: _____ Birth Date: Mo: _____ Day: _____ Yr: _____

Chapter Name, Number and City you are joining: _____

Do you want to receive TSOOCR group emails: Yes No

Talents and/or skills you can contribute to TSOOCR and/or the chapter: _____

Membership Types and Fees (Check all applicable)

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

<p>A. <input type="checkbox"/> CHAPTER MEMBER</p> <p>Fee: TSOOCR 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 Board of Directors.</p>	<p>B. <input type="checkbox"/> LIFETIME MEMBER</p> <p>5 years TSOOCR membership required prior to Lifetime application, followed by a one time \$240 fee, then any applicable Chapter dues annually thereafter.</p>	<p>Please email or mail completed application to TSOOCR Director:</p> <p>Debbie Hearrean P.O. Box 821872 North Richland Hills, Tx. 76182</p> <p>tsocr@att.net</p>
<p>Send completed application ONLY, NO CHECKS to the Chapter Representative.</p> <p>Chapter Rep Name: _____</p> <p>Address: _____</p> <p>City, State, Zip: _____</p>		

Form must be signed and dated by the applicant, endorsed by a member in good standing of the TSOOCR and the TSOOCR Chapter Representative.
Send no money now, you will be billed when your application is approved.

Applicant's Signature: _____ Date: _____

Endorsed by: _____ TSOOCR Chapter: _____

Chapter Representative: _____ Date: _____



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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, locations - City, dates enrolled, any offices Chapter/State held include dates and reason(s) for leaving. Additional pages may be submitted if necessary.

Circle one: 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, State, dates enrolled and reason for leaving. Additional pages may be submitted if necessary.

Circle one: YES NO

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

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 the men and women of the South.

Circle one: YES NO

I, _____, confirm that the information submitted with this application is correct. I have read the TSOCR By Laws and Standing Rules and agree to abide by all the governing documents of this organization. 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 By Laws. I will at all times represent TSOCR with Southern dignity, civility and integrity.

Applicant Signature

Date: _____

Witness