



Texas Society Order of Confederate Rose™, Inc.

Black Rose Membership Application

Please Type or Print

| |
|-------------------------------|
| OFFICE USE ONLY |
| Date _____ |
| Rec'd _____ |
| Date _____ |
| Approved _____ |
| date notified applicant _____ |

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

- TSOCR Black Rose members must first be a member in good standing of the TSOCR.
- Members must have a mourning outfit approved by the Black Rose Coordinator or Board member.
- TSOCR Black Rose Application must be completed and signed.

Name: _____ Phone: _____

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

Email: _____

Chapter Name, Number, City: _____

By signing this form, you are requesting to be a member of the TSOCR Black Rose Society and attest that you have received the Black Rose Handbook.

Applicant's Signature: _____ Date: _____ The

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

Chapter Representative: _____ Date: _____

Send completed form to TSOCR Black Rose Coordinator: Debbie Hearrean, P. O. Box 821872, N. Richland Hills, TX. 76182

tsocr@att.net