



**Florida Society
Order of Confederate Rose
Application**



Date: _____

Membership Status - check one:	New (\$20.00 yearly)	Lifetime (\$150.00)
75 years old or older, no dues	Golden Rose	Golden Thorn

Name: _____ **Date of Birth:** _____

Mailing Address: _____

City: _____ **State:** _____ **Zip Code:** _____

Area Code/Phone: (_____) _____

Email address: _____

Name of OCR Chapter that you desire to join: _____

***Referral by OCR member** _____

OR

***Referral by SCV member:** _____

**(If you do not have an OCR or SCV member to recommend you, please leaveline blank.)*

SCV Camp Name: _____

Reason for becoming a member: _____

With this signed application, I agree all grievances shall be handled within the Florida Society, Order of Confederate Rose. I also promise to never sue or to be part of any legal action against the Order of Confederate Rose or any of the Society's Chapters within.

Your Signature: _____

***MAIL* Check or Money order - payable to OCR-FS
with application to:**

**Cindy Pennington
22403 Donalda Ave.
Port Charlotte, FL 33954
(941) 467-9722
cindy.pennington@gmail.com**