



The Georgia Society · Order of Confederate Rose Confederation of State Societies

The purpose of the Order of Confederate Rose shall be to assist the Sons of Confederate Veterans organization in its historical, educational, benevolent and social functions, specifically the preservation of Confederate symbols and Southern Heritage. The State Societies within the Confederation stand firmly on States Rights.

To join the Georgia Society · Order of Confederate Rose you need only a sincere desire to preserve and promote our Southern Heritage, our Southern way of life and to support the SCV. The OCR does not compete with the United Daughters of the Confederacy or any other genealogical organization. You *do not* have to prove ancestral lineage.

Annual dues are \$20.00 or \$100.00 for a lifetime membership.

Any woman, man, or child over the age of ten (10) who is recommended by a current member of the Sons of Confederate Veterans and referred by a current member of this organization is eligible to become an active member with full voting and other privileges.

Local OCR Chapters are sponsored by SCV Camps and these Chapters are formed into State Societies. There is a nationwide Confederation of States that provides a means for meeting and sharing with other Societies.

The OCR currently has Societies in Arkansas, California, Florida, Illinois, Kentucky, Louisiana, Mississippi, North Carolina, South Carolina, Texas, and **now in Georgia!**



Join Today!

For more information on the Order of Confederate Rose, please contact:

Kimberly Wright
115 North Alexander Street
Buford, Georgia 30518
(770) 932-0178
wordwrightshop@mindspring.com
www.gaocr.org

_____ Chapter
_____ State

ORDER OF CONFEDERATE ROSE
CONFEDERATION OF STATE SOCIETIES

APPLICANT

Name: _____

Address: _____

City, State, Zip: _____

Home Phone: _____

Email: _____

Date Of Birth: _____

Signature: _____

REFERRAL (signature of SCV member-in-good-standing):

Name: _____

Camp Name/Number: _____

Phone: _____

Email: _____

Signature: _____

RECOMMENDATION (signature of a member of OCR):

Name: _____

Chapter: _____

Phone: _____

Email: _____

Signature: _____

Return this completed application(s) to:
Kimberly Wright
115 North Alexander Street
Buford, Georgia 30518
(770) 932-0178
wordwrightshop@mindspring.com

Make checks payable to: GAOCR

DATE OF SUBMISSION: _____

