



Reporting Period
For one calendar year ending June 30, _____

ANNUAL CAMP REPORT

Sons of Confederate Veterans

- Army of Northern Virginia
- Army of Tennessee
- Army of Trans-Mississippi

Camp _____ No. _____
City _____ State _____

Cmd _____
Address _____
City _____
Phone Res. () - _____ Bus. () - _____

Adj _____
Address _____
City _____
Phone Res. () - _____ Bus. () - _____

1. Paid members on June 30 of prior year
2. New Members
3. Members transferred from other camps
4. Members reinstated from prior year(s)
- 5.

TOTAL OF ITEMS 1-4

6. Members who did not pay dues or resigned
7. Members who transferred to other camps
8. Deaths
- 9.

TOTAL OF ITEMS 6-8

10. Paid Members at end of year

ITEM 5 MINUS ITEM 9

11. Net change from June 30 of prior year

ITEM 10 MINUS ITEM 1 *

* Use minus sign if item 10 is less than item 1

Number of meetings this reporting period? _____ Number of special meetings this reporting period? _____

New officers take command in _____ Term of Office 1 year 2 years

Regular meeting day and site? _____

NUMBER OF LIVING "REAL SONS" _____

ACCOMPLISHMENTS:

PROBLEMS:

COMMENTS: (Use Additional sheets if necessary)

Distribution: 1- SCV HQ, 1- DIV. CMD, 1- DIV. ADJ., 1 -CAMP FILE
Unassigned Camps: 1-SCV HQ, 1 ARMY CMD, 1- CAMP FILE

Report prepared by:

Name _____
Title _____ Date _____