



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 \_\_\_\_\_