



## FLORIDA SOCIETY MEMBERSHIP APPLICATION

Submit to [adjutant@mosbfl.org](mailto:adjutant@mosbfl.org)

### ***Contact Information***

Name	
Street Address	
City, State, Zip Code	
Home Phone Number	
Cell Phone Number	
Email Address	

### ***Confederate Ancestor Information***

Ancestor's Name	
Relationship to Ancestor	
County/State of Origin	
Name of Regiment or Unit	
Rank or Position Held	
Death Date & Burial Location	

### ***Agreement and Signature***

By submitting this application, I affirm to that the facts herein are true and complete. I hereby acknowledge my allegiance to the United States of America and to its Constitution and promise to defend it against all enemies. I pledge myself to loyally, without equivocation, support the Constitution and By-Laws of the General Order and Florida Society of the Military Order of the Stars & Bars, in order to cultivate, perpetuate, and sanctify the memory of the Confederate Officers Corps and the Confederate Government. In so doing, I not only Honor my Confederate Ancestor, but also affirm my loyalty and devotion to God and country. I further pledge that I will not commit any act or exhibit conduct unbecoming a member of the General Society or detrimental to its goals and objectives. Furthermore, I pledge that in no way will I disgrace my country's flag, nor the flag of my Confederate Ancestor, by any of my actions as a member of the Military Order of the Stars & Bars, so help me God.

Chapter Name	
Signature	
Date	