



MISSISSIPPI SOCIETY ORDER OF CONFEDERATE ROSE

TRANSFER FORM

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TRANSFERRING FROM _____ CHAPTER # _____

TRANSFERRING FROM PRESIDENT'S SIGNATURE: _____

TRANSFERRING TO _____ CHAPTER # _____

TRANSFERRING TO PRESIDENT'S SIGNATURE: _____

MS OCR MEMBER SIGNATURE: _____ DATE: _____

MSOCR Office Use:

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MS OCR President Signature: _____

MS OCR Vice-President Signature: _____

MS OCR Secretary/Treasurer Signature: _____

(At least one MS OCR officer signature is required above for approval of transfer.)

Send to:

MS OCR Secretary/Treasurer
Charla Lewis
P.O. Box 312
Florence, MS 39073