

# The Military Order of the Stars and Bars



**RANDY KERLIN, GENEALOGIST GENERAL**  
**3319 SE 4<sup>TH</sup> STREET**  
**OCALA, FL 34471-2917**

## MOS&B Membership Applications

The preferred method to join the MOS&B is through the Chapter in your area. To determine the closest Chapter, contact our International Headquarters [headquarters@mosbihq.org](mailto:headquarters@mosbihq.org) or 877-790-6672. Our Headquarters can guide you through the process and see that you are placed in contact with a convenient Chapter or if no Chapter is available, you will be placed in an At-Large Chapter until such time as a local Chapter has been established.

All of the forms necessary to join are located on this site. They may be filled out and printed from your computer.

- Fill in the Family information starting with your name going back step by step back to your Confederate ancestor.
- Fill in all the dates and locations as far as possible.
- Proof: This should be provided to the extent practical using birth, census, marriage and military records. If there is a problem with any of this information, please call our Genealogist General, Randy Kerlin (352) 362-1708, who can assist you with any problems you might experience. (Please make every effort to supply this information as it will be held for future genealogical research for others to use.)
- **Proof of Confederate Service as an Officer is Mandatory.**
- Each application must be signed by the applicant and countersigned by the individual recommending the applicant and the local Chapter officer.
- Two copies of the application with supporting documentation along with a check in the amount of fifty dollars (\$50) payable to the MOS&B National should be sent to the Genealogist General Randy Kerlin, 3319 SE 4th St., Ocala, Fla. 34471-2917
- The fifty dollar (\$50) fee covers the application process and the membership dues for the year of application. Dues are calculated from 1 September.
- Life Memberships are available after the individual has been accepted for regular membership (see Life Membership).

Membership in the MOS&B is available upon approved service of a Confederate Officer who was of Lineal or Collateral ancestry and served with honor. (Cousins are acceptable with proof of relationship to you and Confederate Service)

Legacy Memberships are requested to submit in duplicate the genealogy and proof of ancestor's satisfactory service in addition to the sponsor's name and MOS&B member number.

Yours in the Bonds of the Old South

Randy Kerlin  
Genealogist General MOS&B

02 February 2010

**TEL. (352) 694-3346 \* CELL (352) 362-1708 \* E-MAIL [COMMANDER@MOSBFL.ORG](mailto:COMMANDER@MOSBFL.ORG)**  
**[WWW.MOSBFL.ORG](http://WWW.MOSBFL.ORG) [WWW.MOSBIHQ.ORG](http://WWW.MOSBIHQ.ORG)**

# Military Order of Stars and Bars Application for Membership



\_\_\_\_\_  
Society Number

\_\_\_\_\_  
Date Admitted

(IHQ Office Use Only)

## Applicant's Name

\_\_\_\_\_  
Title                      First Name                      Middle Name                      Last Name                      Suffix

Address \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_

Country \_\_\_\_\_ Zip Code \_\_\_\_\_

Email Address \_\_\_\_\_

Phone Number(s) (\_\_\_\_) \_\_\_\_\_ Home (\_\_\_\_) \_\_\_\_\_ Work

(\_\_\_\_) \_\_\_\_\_ Cell

Date of birth (minimum age is 12 years) (mm/dd/yyyy) \_\_\_\_\_

I am applying for membership in the Member-At-Large Society (Yes or No) \_\_\_\_\_

- OR -

\_\_\_\_\_ State Society, \_\_\_\_\_ Chapter # \_\_\_\_\_

## Proof of Eligibility

### *Joining under an MOS&B relative's number (Legacy)*

Relative's Name \_\_\_\_\_

Relationship \_\_\_\_\_

Relative's MOS&B Number \_\_\_\_\_



# Military Order of Stars and Bars Application for Membership



## Approval Information

Recommending Member's Printed Name \_\_\_\_\_

Chapter \_\_\_\_\_ Number \_\_\_\_\_

Society \_\_\_\_\_ Date \_\_\_\_\_

Recommending Member's Signature \_\_\_\_\_

Reviewing Chapter Officer's Printed Name \_\_\_\_\_

Title \_\_\_\_\_

Chapter \_\_\_\_\_ Number \_\_\_\_\_

Society \_\_\_\_\_ Date \_\_\_\_\_

Reviewing Chapter Officer's Signature \_\_\_\_\_

Reviewing Society Officer's Printed Name \_\_\_\_\_

Title \_\_\_\_\_

Chapter \_\_\_\_\_ Number \_\_\_\_\_

Society \_\_\_\_\_ Date \_\_\_\_\_

Reviewing Society Officer's Signature \_\_\_\_\_

Reviewing Genealogist General's Printed Name \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

Verification of Ancestor:    Broadfoot Index    Alternate Index or Documentation

# Military Order of Stars and Bars Application for Membership



## Notification Information

**New Member Package should be mailed to:**

Name \_\_\_\_\_

Address \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_

Country \_\_\_\_\_ Zip Code \_\_\_\_\_

**Upon IHQ approval of application, please notify the following individuals:**

Title	Name	Email (Preferred) or Telephone Number
Chapter Adjutant		
Chapter Commander		
State Society Adjutant		
State Society Genealogist		