United Daughters of the Confederacy®
Great Granddaughters Club
Membership Application
_____Division

Please print or type:

Name:_____
Last First Middle Maiden

Address:_____

City:_____State_____Zip_____

Telephone #_____E-mail:_____

Chapter:_____Number_____City:_____

Name of Great Grandfather_____

Confederate Service:_____
(Company, Regiment, Service, State)

Place of Burial:_____Type of Stone:_____

Signature of Applicant:_____

I certify that the forgoing information is true and accurate to the best of my knowledge, information and belief, thus making the named applicant eligible for the GGC of _____Division and General.

Signature of Chapter Registrar:_____Date:_____

Signature of Treasurer:_____Date:_____
(Great Granddaughter's Treasurer) (Accepted by Division)

Payment Record

2006/2007_____	2011/2012_____	2015/2016_____
2008/2009_____	2012/2013_____	2016/2017_____
2009/2010_____	2013/2014_____	2017/2018_____
2010/2011_____	2014/2015_____	2018/2019_____