



United Daughters of the Confederacy®
Application for Veterans Affairs Voluntary Service Pin

Applicant Name:				
	Last	First	Middle	
Shipping Address:				
City:		State		9-digit zip
Contact Information (Phone/E-mail):				
Division / Chapter Name and No.:				

Hospital/Clinic to which applicant is appointed:				
		Hospital / Clinic		
Address:				
City:		State		9-digit zip
Date of Appointment of Applicant:				

This is to verify that applicant is an officially appointed Representative or Deputy Representative of the United Daughters of the Confederacy® to the VA Hospital or Clinic named above and has actively served said institution for a minimum of at least two years.

Signature Chief Voluntary Service	Date Approved

UDC Representative/Deputy Representative	Date Applied for Pin

Patriotic Activities General Chairman	Date Received	Date Processed

Vice President General	Date Received	Date Processed

Check No:		Amount of Check:	\$45.00
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Representative, Deputy Representative should mail two copies of signed application, approved by VAVS Chief, along with check payable to "Treasurer General UDC" to Patriotic Activities General Chairman.

(Order is sent from Deputy Representative to Patriotic Activities General Chairman to Vice President General)