



Virginia Great Great Granddaughters Club
Membership Application

Applicant's Name: _____

Home Address: _____

Telephone Number: _____ Email Address: _____

Name and General Number of UDC Chapter: _____

Name of Great Great Grandfather: _____

Confederate Military Unit(s) of Great Great Grandfather: _____

As listed on membership certificate. Please provide pages 1 and 4 of approved Membership/Supplemental application

Date of Birth: _____ Date of Death: _____

Place of Burial: _____

Type of Marker: _____

Applicant's Signature _____ Date _____

Chapter Registrar's Signature _____ Date _____

Mail original and one copy of this completed form and a check for \$7.00 payable to:
Treasurer, Virginia GGGD Club and mail to:

Ms. Sharon Loving
7202-D Ellerson Mill Circle
Mechanicsville, VA 23111-5296

Annual dues \$7.00
Payable by June 1 each year