



Virginia Great Granddaughters Club
Membership Application

Please print or type:

Applicant's Name: _____

Home Address: _____

Telephone Number: _____ Email Address: _____

Name and General Number of UDC Chapter: _____

Name of Great Grandfather: _____

Confederate Military Unit(s) of 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 \$10.00 payable to:
Treasurer, Virginia GGD Club and mail to:

Mrs. Suzanne Townsend *Annual dues \$10.00*
1340 Burnettedale Drive
Chester, VA 23831-6527

Payable by June 1 each year