

UNITED DAUGHTERS OF THE CONFEDERACY
NORTH CAROLINA DIVISION
GREAT-GRANDDAUGHTER'S CLUB

Membership Application

NAME: _____
Given Middle Maiden Last

ADDRESS: _____

City: _____ State _____ Zip + 4 _____

Phone: _____ Email: _____

CHAPTER: _____ NUMBER _____

Name of Great-Grandfather: _____

Confederate Service: _____
Company Regiment State Branch

Signature of Applicant: _____

I certify that the forging information is true and accurate to the best of my knowledge making the named applicant eligible for the Great-Granddaughter's Club of NC Division.

Signature of Chapter Registrar: _____ Date _____

Dues are \$7.00 per year. Make checks payable to: NC Great-Granddaughters Club

Keep one copy of this application for your records.

Send one copy to the Great-granddaughters Club Treasurer,
Jan Scarborough, 5977 Dunbar Rd., Granite Falls, NC 28630-9536