



Civilian Conservation Corps Legacy

"An Invitation to pass on the legacy"

**30 years of commitment — combined with
second generation appreciation**

Membership Application Form

Name: _____
 Address: _____
 City: _____ State: _____ Zip: _____
 Phone: _____ Email: _____

Yes, I will join the effort to honor the CCC !

Dues Amount: _____
 Additional Contribution: _____
 Total Contribution: _____



*Become a
MEMBER!
Help us honor
the CCC!*

Dues \$20 per individual

Dues are subject to change
without notice



Mail membership to:

**CCC Legacy
P.O. Box 341
Edinburg, VA 22824**

Phone: 540-984-8735
 Fax: 540-984-4418

ccc@ccclegacy.org
 www.ccclegacy.org

*CCC Legacy is a Virginia tax exempt
heritage organization
Donations are tax deductible.*

I was an enrollee of the CCC _____ **OR** A family member was an enrollee _____
 Name _____
 Relationship _____
 Company No. _____ Location _____ Dates _____
 Company No. _____ Location _____ Dates _____
 Company No. _____ Location _____ Dates _____
 Type of work performed _____
 Date of Birth (optional) _____
OR I am interested in "Preserving the Legacy" _____
 Signature _____ Date _____

This section for office use only

Date of Membership _____ Member No. _____ Life No _____