

APPLICATION FOR FLORIDA DIVISION PAGE PIN

Name: _____
Last
First
Middle

Address: _____

City, State, Nine Digit Zip: _____

Chapter Name: _____ Number: _____

CONVENTION INFORMATION

Month/Year:		Location:
*Functions:	1.	
	2.	
	3.	
	4.	
Month/Year:		Location:
*Functions:	1.	
	2.	
	3.	
	4.	
Month/Year:		Location:
*Functions:	1.	
	2.	
	3.	
	4.	
Month/Year:		Location:
*Functions:	1.	
	2.	
	3.	
	4.	

*Functions include: Thursday, Welcome Evening; Friday, Education Luncheon, First Business Session, President's Dinner, Second Business Session; Saturday, Third Business Session, Children of the Confederacy Luncheon, Memorial Service, Historical Banquet & Evening. To be eligible, you must page at two (2) conventions and eight (8) functions.

SIGNATURES

Requester: _____ Date: _____

Co-Signer: _____ Date: _____

Note: Co-Signer required only for orders of Veteran Pages; include office at the time of convention(s)

FL Division Page Chairman: _____ Date: _____

Make check payable to **FL Division Treasurer, UDC** for \$25.00 + \$1.50 for postage. Mail application, additional proof (if required) completed Florida Division Insignia Order Form and check to Florida Division First Vice President.

Check No. _____	Check Date: _____	Check Amount: _____
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