

## *Our Purpose*

*Dedicated to research, preservation, and the education of future generations to create a better understanding of the Civilian Conservation Corps and its continuing contribution to the American life and culture.*



*"Passing the legacy to the next generation"*

## *Current Projects*

*Support construction of the CCC Interpretive Center Exhibits*

*CCC Workers Statue in every state*

*Educational Program Development*

## *Our Goals*

**Honor.....** those who became stewards of the land economic crises

**Preserve...** the stories of people and projects

**Support.....** and preserve the heritage of the CCC

**Build.....** support for a CCC Interpretive Center

**Strengthen.....** the CCC legacy.

## *What is the legacy?*

Originated **modern conservation methods**

Created the infrastructure of the **outdoor recreational system**

Developed **forest fire fighting methods**

**Restored** depleted fish and wildlife

Established and maintained **fish hatcheries**

**Built roads and hiking trails** to benefit work and recreation

Replenished depleted forests by **planting nearly 3 billion trees**

Camp life **developed potential soldiers** to support WWII effort

Financial allotments **supported enrollees families**

Serves as the model for the **modern Conservation Corps system**

*Join us!*

*Help us...*

*Continue our*

*Commitment to the Corps!*

*Please Volunteer*



# 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:

**CCCLegacy  
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. \_\_\_\_\_

## Request for Discharge Papers

All CCC personnel records are held in the National Personnel Records Center in St. Louis, MO. These records are not public information, but are available upon request to next of kin. When requesting, please be patient as this can take several weeks.

If you are requesting information on a deceased individual, proof of death must accompany the request. You can use a dated obituary, funeral brochure, or death certificate. Try and include as much information itemized below as possible. **Fill out the information on the bottom of this page and mail it to the address below. For your reference, save a copy of the request and make a note of the date it was mailed.**

National Archives and Records Administration (NARA)  
National Personnel Records Center  
Civilian Personnel Records  
111 Winnebago Street  
St. Louis, MO 63118  
Telephone: 314-801-9250  
Fax: 314-801-8270

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### Request for Discharge Papers CCC Enrollee Information

Enrollee Name: \_\_\_\_\_  
Last First Middle Nickname

Enrollee Birth date: \_\_\_\_\_ Branch of Service: Civilian Conservation Corps

Hometown at time of enrollment: \_\_\_\_\_

Separation Date: (if known) \_\_\_\_\_

Location of Camp: (if known) \_\_\_\_\_

Social Security Number: (if known) \_\_\_\_\_

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### Requestor Information

Your Mailing Address: \_\_\_\_\_  
Street or P.O. Box

\_\_\_\_\_ City State Zip

Your Name: \_\_\_\_\_ Date: \_\_\_\_\_  
Printed or typed

Your Signature: \_\_\_\_\_