



AUXILIARY TO SONS OF UNION VETERANS OF THE CIVIL WAR CERTIFICATION OF ELECTION AND INSTALLATION OF AUXILIARY OFFICERS

(Send two copies to Department Secretary and retain a duplicate for Auxiliary's Records)

Auxiliary Name	Number	Department	Employer ID No. (EIN)
Street Address		City	State ZIP Code
Meetings held at (location)			Time of Meetings

OFFICERS INSTALLED

<u>Name</u>	<u>Address</u>	<u>City</u>	<u>State</u>	<u>ZIP Code</u>
President: _____				
Phone: _____		Email Address: _____		
Vice President: _____				
Phone: _____		Email Address: _____		
Council No. 1: _____				
Phone: _____		Email Address: _____		
Council No. 2: _____				
Phone: _____		Email Address: _____		
Council No. 3: _____				
Phone: _____		Email Address: _____		
Secretary: _____				
Phone: _____		Email Address: _____		
Treasurer: _____				
Phone: _____		Email Address: _____		
Patriotic Instructor: _____				
Phone: _____		Email Address: _____		
Chaplain: _____				
Phone: _____		Email Address: _____		
Press Correspondent: _____				
Phone: _____		Email Address: _____		

Guide: _____

Phone: _____ Email Address: _____

Assistant Guide: _____

Phone: _____ Email Address: _____

Color Guard No. 1: _____

Phone: _____ Email Address: _____

Color Guard No. 2: _____

Phone: _____ Email Address: _____

Inside Guard: _____

Phone: _____ Email Address: _____

Outside Guard: _____

Phone: _____ Email Address: _____

Counselor: _____

Phone: _____ Email Address: _____

CERTIFICATION OF ELECTION OF DELEGATES *(In Good Standing, to represent this Auxiliary at the next Department Encampment)*

Name **Address** **City** **State** **ZIP Code**

Delegate No. 1: _____

Phone: _____ Email Address: _____

Delegate No. 2: _____

Phone: _____ Email Address: _____

Alternate Delegate No. 1: _____

Phone: _____ Email Address: _____

Alternate Delegate No. 2: _____

Phone: _____ Email Address: _____

SIGNATURE OF INSTALLING OFFICER AND AUXILIARY OFFICERS

Date **Installing Officer** **Auxiliary Secretary** **Auxiliary President**

Signature *Signature* *Signature*

Printed Name *Printed Name* *Printed Name*

Received at Department Headquarters on this date: _____ Signature of Department Secretary: _____

PAST AUXILIARY PRESIDENTS *(In Good Standing)*

Name

Address

City

State

ZIP Code

PAST AUXILIARY SECRETARIES & TREASURERS *(In Good Standing, who have served 5 or more consecutive years)*

Name

Address

City

State

ZIP Code

PAST DEPT. PRESIDENTS, PAST DEPT. SECRETARIES & PAST DEPT. TREASURERS *(In Good Standing)*

Name

Address

City

State

ZIP Code

PAST NATL. PRESIDENTS, PAST NATL. SECRETARIES & PAST NATL. TREASURERS *(In Good Standing)*

Name

Address

City

State

ZIP Code
