



## AUXILIARY TO SONS OF UNION VETERANS OF THE CIVIL WAR DUAL MEMBERSHIP APPLICATION

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

I, \_\_\_\_\_ hereby apply for **Dual Membership**  
in Auxiliary No. \_\_\_\_\_, Department of \_\_\_\_\_.

If this application is accepted, I will obey and support the Constitution, Rules and Regulations and the By-laws of the Auxiliary.

I am currently a member in good standing in Auxiliary No. \_\_\_\_\_,  
Department of \_\_\_\_\_.

I also understand that I will be subject to Per Capita Dues for each Auxiliary to which I belong.

### **Please print:**

Name: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP Code: \_\_\_\_\_

Phone: \_\_\_\_\_

E-mail: \_\_\_\_\_

Primary Auxiliary: \_\_\_\_\_

I declare this application is true, correct and complete to the best of my knowledge.

Date: \_\_\_\_\_ Signature: \_\_\_\_\_

Annual Dues: \$ \_\_\_\_\_