



# AUXILIARY TO SONS OF UNION VETERANS OF THE CIVIL WAR

## LIFE MEMBERSHIP APPLICATION FORM

(National Treasurer will send one copy to the Department and one copy to the Local Auxiliary for their records)

\_\_\_\_\_  
Name Date of Birth

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

\_\_\_\_\_  
Auxiliary Name and Number Department

1. Direct or collateral descent from \_\_\_\_\_, who enlisted \_\_\_\_\_, as a \_\_\_\_\_ in Company \_\_\_\_\_, Regiment (or Ship) \_\_\_\_\_ and was honorably discharged \_\_\_\_\_ on account of \_\_\_\_\_.

**[OR]**

2. Wife, mother, widow, daughter, or legally adopted daughter of \_\_\_\_\_ who is a lineal member in good standing of the Sons of Union Veterans of the Civil War, Camp No. \_\_\_\_\_ in the Department of \_\_\_\_\_.

**[OR]**

3. Associate member of the Auxiliary (no lineal descent, nor qualifying SUCVW relative).

Enclosed find \$ \_\_\_\_\_ (see fee schedule) as payment for Life Membership in the Auxiliary to Sons of Union Veterans of the Civil War. I hereby certify that I joined the Auxiliary on the \_\_\_\_\_ day of \_\_\_\_\_ in \_\_\_\_\_ and I am member in good standing.  
Year Day Month

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date (DD/MM/YYYY)

### FEE SCHEDULE

AGE	FEE
90 and over	Free
65-89	\$200.00
50-65	\$250.00
Under 50	\$350.00

The payment and application must be paid in full for a Sister to be considered to be a **Life Member**. She must also pay the dues to her local Auxiliary from one year of date of filing her Life Membership application.

Make checks payable to: National Treasurer, ASUVCW

Please do not write below this line

\_\_\_\_\_  
Date Approved

\_\_\_\_\_  
National Treasurer

**Life Member Number:** \_\_\_\_\_

The local Auxiliary does not pay Per Capita dues to the Department on Life Members as of \_\_\_\_\_ and the Department does not pay Per Capita dues to National as of \_\_\_\_\_. The National Treasurer will inform the local Auxiliary of this information.