



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

(Send one copy to National Secretary and retain a duplicate for Department's Records)

Department Name Employer ID No. (EIN)

Street Address City State ZIP Code

OFFICERS INSTALLED

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

Chief of Staff: _____

Phone: _____ Email Address: _____

Personal Aide: _____

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: _____

ELECTED DELGATES TO NATIONAL ENCAMPMENT *(In Good Standing, to represent this Department at the next National Encampment)*

<u>Name</u>	<u>Address</u>	<u>City</u>	<u>State</u>	<u>ZIP Code</u>
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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 DEPARTMENT OFFICERS

Date

Installing Officer

Department Secretary

Department President

	<i>Signature</i>	<i>Signature</i>	<i>Signature</i>
	<i>Printed Name</i>	<i>Printed Name</i>	<i>Printed Name</i>

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

AUTOMATIC DELEGATES TO NATIONAL ENCAMPMENT <i>(In Good Standing, by right of past or current office held)</i>	Check Reason for Automatic Delegate Status <i>(Check Only One)</i>							
	Elected Natl. Officer or Natl. Chief of Staff	Past Natl. Pres.	Past Natl. Secy.	Past Natl. Treas.	Sitting Dept. Pres. or Dept. Vice- Pres.	Dept. Secy. or Treas. having served 5 or more years	Sitting Aux. Pres. or Vice-Pres.	Sitting Aux.- at- Large Pres.
Name and Address								

ELECTED DELEGATES FROM LOCAL AUXILIARIES TO NATIONAL ENCAMPMENT

(In Good Standing)

Check Only One

Name and Address	Aux. No.	Delegate	Alternate