



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

(To be retained by the National Organization for its records)

National Organization, Auxiliary to Sons of Union Veterans of the Civil War _____
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 (5-Year Term Ending Year: _____):	_____				
	<i>Phone:</i>	<i>Email Address:</i>		_____	
Treasurer (5-Year Term Ending Year: _____):	_____				
	<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>		_____	

Washington D.C. Representative (5-Year Term Ending Year: _____): _____

Phone: _____ Email Address: _____

Coordinator of Membership at Large (3-Year Term Ending Year: _____): _____

Phone: _____ Email Address: _____

Historian (5-Year Term Ending Year: _____): _____

Phone: _____ Email Address: _____

Chief of Staff: _____

Phone: _____ Email Address: _____

Personal Aide: _____

Phone: _____ Email Address: _____

Co-Counselor: _____

Phone: _____ Email Address: _____

Co-Counselor: _____

Phone: _____ Email Address: _____

SIGNATURE OF INSTALLING OFFICER AND NATIONAL OFFICERS

Date

Installing Officer

National Secretary

National President

Signature

Signature

Signature

Printed Name

Printed Name

Printed Name