



## AUXILIARY TO SONS OF UNION VETERANS OF THE CIVIL WAR AUXILIARY ANNUAL PER CAPITA REPORT

*(Send two copies to Dept. Secretary due no later than April 1<sup>st</sup>, retain a copy for Aux. records)*

Auxiliary Name	Number	Employer ID No. (EIN)		
Department	Year of Report			
<b>LAST ANNUAL REPORT</b>	MEMBERS	ASSOCIATES	JR. MEMBERS	TOTAL
IN GOOD STANDING	_____ +	_____ +	_____ =	_____
<b>GAINS</b>	MEMBERS	ASSOCIATES	JR. MEMBERS	
BY ORGANIZATION	_____	_____	_____	
BY INITIATION	_____	_____	_____	
BY TRANSFER	_____	_____	_____	
BY REINSTATEMENT	_____	_____	_____	TOTAL
<b>Total Gains (add)</b>	_____ +	_____ +	_____ =	_____
<b>LOSS</b>	MEMBERS	ASSOCIATES	JR. MEMBERS	
BY DEATH	_____	_____	_____	
BY DROP	_____	_____	_____	
BY HONORABLE DISCHARGE	_____	_____	_____	
BY TRANSFER	_____	_____	_____	TOTAL
<b>Total Losses (subtract)</b>	_____ +	_____ +	_____ =	_____
<b>THIS ANNUAL REPORT</b>	MEMBERS	ASSOCIATES	JR. MEMBERS	TOTAL
IN GOOD STANDING	_____ +	_____ +	_____ =	_____
				TOTAL
<b>PER CAPITA DUES EXEMPTIONS</b>	LIFE MEMBERS _____	+ JR. MEMBERS _____	=	_____
<b>GRAND TOTAL (MEMBERS IN GOOD STANDING, LESS EXEMPTIONS)</b>				= _____

SISTERS SUBJECT TO NATIONAL PER CAPITA DUES ..... x \$ 9.00 EACH = \$ \_\_\_\_\_  
RATE

SISTERS SUBJECT TO DEPARTMENT PER CAPITA DUES ..... x \$ \_\_\_\_\_ EACH = \$ \_\_\_\_\_  
RATE

NATIONAL NEW MEMBER APPLICATION FEES ..... x \$ 15.00 EACH = \$ \_\_\_\_\_  
RATE

DEPARTMENT NEW MEMBER APPLICATION FEES ..... x \$ \_\_\_\_\_ EACH = \$ \_\_\_\_\_  
RATE

LATE FEE (AFTER APRIL 30TH) ..... \$ 5.00

**TOTAL AMOUNT DUE** ..... \$ \_\_\_\_\_

SIGNATURE: \_\_\_\_\_ PRINTED NAME: \_\_\_\_\_

REPORT OF SISTERS ADDED AND NOT PREVIOUSLY REPORTED.  
**INITIATED (I) OR REINSTATED (R)**

NAME	ADDRESS	CODE

REPORT OF SISTERS LOST AND NOT PREVIOUSLY REPORTED  
**DROPPED (DR) OR HONORABLE DISCHARGE (HD)**

NAME	ADDRESS	CODE

REPORT OF SISTERS THAT TRANSFERRED IN OR OUT OF AN AUXILIARY  
AND NOT PREVIOUSLY REPORTED  
**TRANSFERRED INTO AUXILIARY (TI) OR TRANSFERRED OUT OF AUXILIARY (TR)**

NAME	AUXILIARY NAME AND NUMBER	DEPARTMENT	CODE

REPORT OF SISTERS WHO HAVE PASSED AND NOT PREVIOUSLY REPORTED  
**DEATH (D)**

NAME	AUXILIARY NAME AND NUMBER	DEATH DATE	CODE
			D
			D
			D
			D
			D
			D
			D
			D

**REPORT OF CHANGE OF ADDRESS SINCE LAST REPORT**

NAME	ADDRESS	EMAIL

**REPORT OF DUAL MEMBERS**  
(LIST ALL AUXILIARY DUAL MEMBERS)

NAME	AUXILIARY NAME AND NUMBER	DEPARTMENT	PRIMARY (Y/N)

**AUXILIARY JUNIOR MEMBERS**  
(LIST ALL AUXILIARY JUNIOR MEMBERS)

NAME	ADDRESS	EMAIL	DATE OF BIRTH

**AUXILIARY LIFE MEMBERS**  
(LIST ALL AUXILIARY LIFE MEMBERS)

NAME	ADDRESS	EMAIL	LIFE MEMBER NO.

RECEIVED AT DEPARTMENT HEADQUARTERS BY: \_\_\_\_\_ DATE: \_\_\_\_\_

## INSTRUCTIONS FOR COMPLETION OF FORM A02 - ANNUAL PER CAPITA

This form is not only an annual report to the Department on your Auxiliary, but also serves as an update for your Auxiliary status by also reporting items since your last Form A03 (Auxiliary Status Report). All new Sisters, drops, etc., since your last Form A03 will be reported on this form.

The Auxiliary must submit two (2) copies of Form A02 to the Department Secretary with all supporting paperwork (applications, rosters, etc) and include the check for all money due to the Department on or before April 15<sup>th</sup> of each year. The Auxiliary should retain an additional copy. This includes a copy of the auxiliary roster with the following information:

- 1) FULL NAME
- 2) ADDRESS
- 3) STATUS (MEMBER, ASSOCIATE, JUNIOR MEMBER, DUAL MEMBER, LIFE MEMBER)
- 4) PHONE NUMBER
- 5) EMAIL ADDRESS
- 6) DATE OF BIRTH (FOR JUNIOR MEMBERS)

Please attach two (2) copies of each new Sister's completed application. Please use the most current application form to assist the Department and National Officers who have to enter this data. Also, be sure to include the National New Member Fee of \$15.00 for each new Sister.

After the submittal of Form A02, additions, deletions and changes to the Auxiliary membership will be reported through the Department Secretary using Form A03, with supporting documentation as required.

The annual per capita dues due to the National organization is \$9.00 for each existing Sister (except Life Members [after the first year] and Junior Members).

Junior Members will be automatically upgraded to Members in the National database on their 12<sup>th</sup> birthday, if their date of birth has been reported.

The most up-to-date forms can be found on the National website at:

<http://www.asuvcw.org>