



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

(Send one copy to National Secretary due no later than April 15th, retain a copy for the Dept. records)

From the Department of: _____

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

SISTERS SUBJECT TO NATIONAL PER CAPITA DUES x \$ 9.00 EACH = \$ _____

NATIONAL NEW MEMBER APPLICATION FEES x \$ 15.00 EACH = \$ _____

LATE FEE (AFTER MAY 15TH) \$ 5.00

TOTAL AMOUNT DUE \$ _____

NUMBER OF AUXILIARIES IN GOOD STANDING: _____

AUXILIARIES WHO HAVE NOT REPORTED: _____

SIGNATURE: _____ PRINTED NAME: _____

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

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

INSTRUCTIONS FOR COMPLETION OF FORM D02 - ANNUAL PER CAPITA

This form is not only an annual report to National on your Department, but also serves as an update for your Department 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 Department must submit one (1) copy of Form D02 to the National Secretary with all supporting paperwork (applications, rosters, etc) and include the check for all money due to the National on or before May 1st of each year. The Department should retain an additional copy. This includes a copy of the Department 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)
- 7) AUXILIARY NAME AND NUMBER TO WHICH THEY BELONG

Please attach one (1) copy 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 D02, additions, deletions and changes to the Department membership will be reported through the National 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 12th 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>