AUXILIARY TO SONS OF UNION VETERANS OF THE CIVIL WAR
LAURA MILLER AWARD NOMINATION FORM

Date ______________________________

Name of Sister being nominated: ____________________________________________________

Department______________________________      Auxiliary Number_______________________

Number of years a member______________ (if known or an estimate)

Offices held and level ____________________________________________________________
_______________________________________________________________________________
_______________________________________________________________________________
_______________________________________________________________________________

Narrative of Service to the National / Department (select one) Organization
_______________________________________________________________________________
_______________________________________________________________________________
_______________________________________________________________________________
_______________________________________________________________________________

Signature of person submitting nomination: ____________________________________________

Rank and Department: ________________________________

Approved by Department / National President ____________________________________________________________________________

Mail the signed/approved form along with a supply order form to:

   Judy Morgan, National Supply Officer
   8520 Frost Rd.
   Coolville, OH 45723
   Email: SupplyOfficer@asuvcw.org
   Phone: (614) 558-8891