



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@asucwv.org](mailto:SupplyOfficer@asucwv.org)  
Phone: (614) 558-8891