AUXILIARY TO SONS OF UNION VETERANS OF THE CIVIL WAR
MAJOR AUGUSTUS P. DAVIS AWARD NOMINATION FORM

Date __________________________

Name of Brother being nominated: ____________________________________________________

Department __________________________ Camp 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