

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 1st, retain a copy for Aux. records)

Auxiliary Name		Number		Employer ID No. (EIN)
Department			Year of Report	
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. MEMI	BERS =	
G	RAND TOTAL (MEMB	ERS IN GOOD STANDING	G, LESS EXEMPTIONS) =	=
			15.00	¢
SISTERS SUBJECT TO NATIONAL PEI	R CAPITA DUES		X \$ <u>15.00</u> EA RATE	CH = \$
SISTERS SUBJECT TO DEPARTMENT	PER CAPITA DUES	·····	X \$EAC	CH = \$
			RATE	
NATIONAL NEW MEMBER APPLICAT	rion Fees			CH = \$
	_		RATE	
DEPARTMENT NEW MEMBER APPLI	CATION FEES		X \$EAC RATE	CH = \$
LATE FEE (AFTER APRIL 30TH)				\$ <u>5.00</u>
Fotal Amount Due				\$
I VIAL AMOUNT DUE				ψ
Crown man		D		
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

REPORT OF CHANGE OF ADDRESS SINCE LAST REPORT

NAME	ADDRESS	EMAIL

REPORT OF 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 15th 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 \$15.00 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: <u>http://www.asuvcw.org</u>