

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			E	mployer ID No. (I
Department				Y	ear of Report	;	
LAST ANNUAL REPORT	Members		ASSOCIATES	J	R. MEMBERS		TOTAL
IN GOOD STANDING		+		+		= _	
Gains	Members		ASSOCIATES	J	R. MEMBERS		
BY ORGANIZATION							
BY INITIATION							
BY TRANSFER							
BY REINSTATEMENT							TOTAL
Total Gains (add)		+		+		= _	
Loss	Members		ASSOCIATES	J	R. MEMBERS		
BY DEATH							
BY DROP							
BY HONORABLE DISCHARGE							
BY TRANSFER							TOTAL
Total Losses (subtract)		+		+		= _	
THIS ANNUAL REPORT	Members		ASSOCIATES	J	R. MEMBERS		TOTAL
IN GOOD STANDING		+		+		= -	
	Lyce Mexage	D.C.	+ Jr. Mei	(DEDG		_	TOTAL
DED ('A DITEA DITEC L'SZEMBTIONIC		KS				= -	
PER CAPITA DUES EXEMPTIONS	LITE WILMBE		JR. IVIE	VIDERS _			
		(мемві	ERS IN GOOD STANDI		S EXEMPTION	s) = _	
		(МЕМВІ			S EXEMPTION	s) = _	
Gi	RAND TOTAL		ERS IN GOOD STANDI	NG, LES	S EXEMPTION $\begin{array}{c} x \$ \underline{15.00} \\ \text{RATE} \end{array}$	EACH = \$	
Gi Sisters Subject to National Pei	RAND TOTAL		ERS IN GOOD STANDI	NG, LES	_ x \$ <u>15.00</u> RATE	EACH = \$	
GI SISTERS SUBJECT TO NATIONAL PEI SISTERS SUBJECT TO DEPARTMENT	RAND TOTAL r Capita Dues Per Capita Di	ues	ERS IN GOOD STANDI	NG, LES	_ x \$\frac{15.00}{\text{RATE}} _ x \$\frac{15.00}{\text{RATE}}	EACH = \$_ _EACH = \$_	
GI SISTERS SUBJECT TO NATIONAL PEI SISTERS SUBJECT TO DEPARTMENT	RAND TOTAL r Capita Dues Per Capita Di	ues	ERS IN GOOD STANDI	NG, LES	_ x \$\frac{15.00}{\text{RATE}} _ x \$\frac{15.00}{\text{RATE}}	EACH = \$_ _EACH = \$_	
GI SISTERS SUBJECT TO NATIONAL PEI SISTERS SUBJECT TO DEPARTMENT NATIONAL NEW MEMBER APPLICAT	RAND TOTAL R CAPITA DUES PER CAPITA DUES TION FEES	UES	ERS IN GOOD STANDI	NG, LES	x \$\frac{15.00}{\text{RATE}}\$ x \$\frac{15.00}{\text{RATE}}\$ x \$\frac{10.00}{\text{RATE}}\$	EACH = \$ _ EACH = \$ _	
PER CAPITA DUES EXEMPTIONS GI SISTERS SUBJECT TO NATIONAL PEI SISTERS SUBJECT TO DEPARTMENT NATIONAL NEW MEMBER APPLICAT DEPARTMENT NEW MEMBER APPLI LATE FEE (AFTER APRIL 30TH)	RAND TOTAL R CAPITA DUES PER CAPITA DUES TION FEES	UES	ERS IN GOOD STANDI	NG, LES	x \$\frac{15.00}{\text{RATE}}\$ x \$\frac{10.00}{\text{RATE}}\$ x \$\frac{10.00}{\text{RATE}}\$ x \$\frac{5.00}{\text{RATE}}\$	EACH = \$ _ EACH = \$ _ EACH = \$ _ EACH = \$ _	

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

(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.

RECEIVED AT DEPARTMENT HEADOUARTERS BY:	DATE:	
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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 \$10.00 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: http://www.asuvcw.org