

AUXILIARY TO SONS OF UNION VETERANS OF THE CIVIL WAR AUXILIARY STATUS REPORT

(Send two copies to Dept. Secretary due no later than the 1st of each month and retain one copy for Auxiliary records)

ATTENTION Auxiliary Secretary:

Two copies of Form A03 shall be submitted to the Department Secretary by the 1st day of the next month following any of the following changes to the Auxiliary's membership: (1) a new Sister joins the Auxiliary; (2) a Sister is reinstated after being dropped for nonpayment of dues; (3) a Sister passes away; (4) a Sister has a change of address; (5) a Sister transfers in or out of an Auxiliary; or (6) a Sister receives an Honorable Discharge.

If use of this form reports a new Sister, two copies of her application plus her per capita dues fee and her application fee shall accompany this form.

If use of this form reports a Sister as reinstated after being dropped for nonpayment of dues, the full per capita dues for the current calendar year plus any reinstatement fee for that Sister shall accompany this form.

Auxiliary Name

Number

Department Name

Date (MM/DD/YYYY)

Check the classification related to the Sister indentified, below.

Member Indicate the reason for corresponding category.				ber Dual address are listed bel		
New Sister: Application Fee Per Capita Dues			Department + National application fees = \$ Department + National per capita dues = \$			
Reinstated Sister:	F	Reinstatement Fe	e (\$10.00) + Dept	. + National per capit	a dues = \$	
Change of Status		ATE to MEMBER	ge (on attached))	
Discharge:	HONORABLE	DISHONO	ORABLE	Date of Discharge	:	
Passing of Sister:	Date of Death	.:	_			
 Sister Transferrin Transferring F	ng: Transfe rom:	erring Out				
Sister Change of .		xiliary Name	Number	Depar	tment	
Name:	me:			Date of Birth:		
First	N	Iiddle	Last		MM/DD/YYYY	
Address:			City	State	Zip	
Telephone Number: ()	Email:				
			Date:			

Auxiliary Secretary

Form A03 (Rev.09/07/2022) - National Organization, Auxiliary to Sons of Union Veterans of the Civil War - www.asuvcw.org

Forms, Documentation, and Costs to be Included with Form A03

The Auxiliary Status Report (Form A03) is to be used for actions occurring between January 1 and December 31, except during the month of April when the Annual Per Capita Report (Form A02) is due.

The Auxiliary should forward the Auxiliary Status Report and associated documents to the Department Secretary to arrive no later than the 1st day of the month following a change. The Department Secretary should forward the Auxiliary Status Report and associated documents to the National Secretary no later than the 15th of the month after it was received from the Auxiliary.

New Sisters:	Aux. to Dept.	Dept. to Natl.
Form A03 (Two copies)		1 copy
Completed application for membership (Two copies)		1 copy
Application Fee (Department plus National)		\$10.00
Per Capita Dues (Department plus National) (Juniors and Life Members are exempt from National per capita dues)	\$	\$15.00
Reinstated Sister		
Form A03 (Two copies)		1 copy
Reinstatement Fee	\$	\$10.00
Per Capita Dues (Department plus National)	\$	\$15.00
CHANGE OF STATUS:		
From Associate to Member:		
Form A03 (Two Copies)		1 copy
Completed application for membership (Two copies)	2 copies	1 copy
From Junior to Member:		
Form A03 – When reaching 12th birthday (Two copies)	2 copies	1 copy
Discharged Sister:		
Form A03 (Two copies)		1 copy
(Be sure to include date of discharge and type)	1	15
Discharge Form A13 (Two copies)		1 copy
SISTER TRANSFERRING:		
Leaving Auxiliary:		
Form A03 (indicating "Transfer Out")		1 copy
Form A12 (copy- as completed by gaining Auxiliary)		1 copy
Joining Auxiliary:		
Form A03 (indicating "Transfer In" and Auxiliary Leaving)		1 copy
Form A12 (copy - as completed by losing Auxiliary)	2 copies	1 copy
Deceased Sister:		
Form A03 (Two copies)		1 copy
(Be sure to include date of death)	Ł	1.2
Sister's Change of Address:		
Form A03 (Two copies) (Provide NEW address and email also include date of birth for identification purposes)		1 copy
(1 former system address and email also include date of otrin [of identification purposes]	,	