

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)				
Chec	ck the classification rela	ted to the Sister inde	entified, below.		
Member Ass Indicate the reason for submit corresponding category.	sociate Junior ting this form, for the Sis	Life Memberster whose name and a	er Do ddress are listed	ual below, by checking the	
New Sister: Applica Per Cap	tion Feeita Dues	Department + Department -	National applica National per ca	ntion fees = \$ pita dues = \$	
Reinstated Sister:	Reinstatement l	Fee (\$10.00) + Dept	+ National per ca	pita dues = \$	
	_ ASSOCIATE to MEMBE _ JUNIOR to MEMBER	R (supporting documentation	attached)		
Discharge: Ho	NORABLE DISHO	NORABLE	Date of Dischar	ge:	
Passing of Sister: Date	te of Death:				
Sister Transferring: Transferring From:	Transferring Out	_ Transferring In			
	Auxiliary Name	Number	De	Department	
Sister Change of Addre	ess:				
Name:			Date of Birth:		
First	Middle	Last		<i>MM/DD/YYYY</i>	
Address:		City	State	Zip	
Telephone Number: ()	Email:				
		Date:			
Auxiliary S	ecretary	Date			

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: Form A03 (Two copies)	2 copies \$	Dept. to Natl. 1 copy 1 copy \$15.00 \$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)	2 copies	1 copy
Completed application for membership (Two 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)	2 copies	1 copy
(Be sure to include date of discharge and type)		
Discharge Form A13 (Two copies)	2 copies	1 copy
SISTER TRANSFERRING:		
Leaving Auxiliary:		
Form A03 (indicating "Transfer Out")	2 copies	1 copy
Form A12 (copy- as completed by gaining Auxiliary)		1 copy
Joining Auxiliary:	·	
Form A03 (indicating "Transfer In" and Auxiliary Leaving)	2 copies	1 copy
Form A12 (copy - as completed by losing Auxiliary)		1 copy
	1	17
Deceased Sister:		
Form A03 (Two copies)	2 copies	1 copy
(Be sure to include date of death)	_	
Sister's Change of Address:		
Form A03 (Two copies)	2 copies	1 copy
(Provide NEW address and email also include date of birth for identification purposes)	r	- F J