



AUXILIARY TO SONS OF UNION VETERANS OF THE CIVIL WAR DUAL MEMBERSHIP APPLICATION

(Send two copies to Department Secretary and retain a duplicate for Auxiliary's Records)

I, _____ hereby apply for **Dual Membership**
in Auxiliary No. _____, Department of _____.

If this application is accepted, I will obey and support the Constitution, Rules and Regulations and the By-laws of the Auxiliary.

I am currently a member in good standing in Auxiliary No. _____,
Department of _____.

I also understand that I will be subject to Per Capita Dues for each Auxiliary to which I belong.

Please print:

Name: _____

Mailing Address: _____

City: _____ State: _____ ZIP Code: _____

Phone: _____

E-mail: _____

Primary Auxiliary: _____

I declare this application is true, correct and complete to the best of my knowledge.

Date: _____ Signature: _____

Annual Dues: \$_____