

## AUXILIARY TO SONS OF UNION VETERANS OF THE CIVIL WAR LIFE MEMBERSHIP APPLICATION FORM

(National Treasurer will send one copy to the Department and one copy to the Local Auxiliary for their records)

Name	Date of Birth			
Address	City		State	Zip
Auxiliary Name and Number		De	partment	
1. Direct or collateral descent from	, who enlisted, negiment (or Ship) and ,			
was honorably discharged	on account	of		
2. Wife, mother, widow, daughter, or legall member in good standing of the Sons of Ur	y adopted daught ion Veterans of t	ter of the Civil War, C	Camp No	who is a lineal in the Department of
[OR]	·			
3. Associate member of the Auxiliary (no line)	neal descent, nor q	ualifying SUVCV	V relative). □	
Enclosed find \$ (see fee schee Veterans of the Civil War. I hereby cenary and I am member in good started Year	rtify that I joine			exiliary to Sons of Union  day of in  Month
Signature		Date (DD/MM/YYYY)		
	FEE SCH AGE 85 and over 65-84 50-65 Under 50	FEE Free \$200.00 \$250.00 \$350.00		
The payment and application must be pay the dues to her local Auxiliary from one y				
Make checks	payable to: Na	tional Treasur	er, ASUVCW	
	Please do not writ	te below this line		
Date Approved			National Tr	easurer
Life Memb	er Number: _			
The local Auxiliary does not pay P	er Capita dues to	the Departme	nt on Life Memb	ers as of
and the Department does not pay Per Capi will inform the local Auxiliary of this info	ta dues to Nation ormation.	al as ot	The l	National Treasurer