



AUXILIARY TO SONS OF UNION VETERANS OF THE CIVIL WAR CERTIFICATION OF ELECTION AND INSTALLATION OF DEPARTMENT OFFICERS

(Send one copy to National Secretary and retain a duplicate for Department's Records)

Department Name			Employer ID No. (EIN)
Street Address	City	State	ZIP Code

OFFICERS INSTALLED

<u>Name</u>	<u>Address</u>	<u>City</u>	<u>State</u>	<u>ZIP Code</u>
President: _____				
Phone: _____		Email Address: _____		
Vice President: _____				
Phone: _____		Email Address: _____		
Council No. 1: _____				
Phone: _____		Email Address: _____		
Council No. 2: _____				
Phone: _____		Email Address: _____		
Council No. 3: _____				
Phone: _____		Email Address: _____		
Secretary: _____				
Phone: _____		Email Address: _____		
Treasurer: _____				
Phone: _____		Email Address: _____		
Patriotic Instructor: _____				
Phone: _____		Email Address: _____		
Chaplain: _____				
Phone: _____		Email Address: _____		
Press Correspondent: _____				
Phone: _____		Email Address: _____		

Chief of Staff: _____
Phone: _____ *Email Address:* _____

Personal Aide: _____
Phone: _____ *Email Address:* _____

Guide: _____
Phone: _____ *Email Address:* _____

Assistant Guide: _____
Phone: _____ *Email Address:* _____

Color Guard No. 1: _____
Phone: _____ *Email Address:* _____

Color Guard No. 2: _____
Phone: _____ *Email Address:* _____

Inside Guard: _____
Phone: _____ *Email Address:* _____

Outside Guard: _____
Phone: _____ *Email Address:* _____

Counselor: _____
Phone: _____ *Email Address:* _____

ELECTED DELGATES TO NATIONAL ENCAMPMENT *(In Good Standing, to represent this Department at the next National Encampment)*

Name **Address** **City** **State** **ZIP Code**

Delegate No. 1: _____
Phone: _____ *Email Address:* _____

Delegate No. 2: _____
Phone: _____ *Email Address:* _____

Alternate Delegate No. 1: _____
Phone: _____ *Email Address:* _____

Alternate Delegate No. 2: _____
Phone: _____ *Email Address:* _____

SIGNATURE OF INSTALLING OFFICER AND DEPARTMENT OFFICERS

Date

Installing Officer

Department Secretary

Department President

	<i>Signature</i>	<i>Signature</i>	<i>Signature</i>
	<i>Printed Name</i>	<i>Printed Name</i>	<i>Printed Name</i>

Received at National Headquarters on this date: _____ Signature of National Secretary: _____

AUTOMATIC DELEGATES TO NATIONAL ENCAMPMENT <i>(In Good Standing, by right of past or current office held)</i>	Check Reason for Automatic Delegate Status (Check Only One)							
	Elected Natl. Officer or Natl. Chief of Staff	Past Natl. Pres.	Past Natl. Secy. or Treas.	Sitting Dept. Pres. or Dept. Vice- Pres.	Past Dept. Pres.	Dept. Secy. or Treas. having served 5 or more years	Sitting Aux. Pres. or Vice-Pres.	Sitting Aux.- at- Large Pres.
Name and Address								

ELECTED DELEGATES FROM LOCAL AUXILIARIES TO NATIONAL ENCAMPMENT <i>(In Good Standing)</i>		<i>Check Only One</i>	
Name and Address	Aux. No.	Delegate	Alternate