



AUXILIARY TO SONS OF UNION VETERANS  
OF THE CIVIL WAR

VETERAN PIN  
ELIGIBILITY FORM

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Email: \_\_\_\_\_ Phone: \_\_\_\_\_

Branch of Service: \_\_\_\_\_

Rank at End of Service: \_\_\_\_\_

Time of Service: \_\_\_\_\_

Active Duty Veteran

Retired Veteran

Proof of Service:

DD214:

Military ID:

Order to Military Service

Other form of proof of honorable military service \_\_\_\_\_

Auxiliary Name: \_\_\_\_\_ # \_\_\_\_\_ Department \_\_\_\_\_

Auxiliary President Name: \_\_\_\_\_

Email: \_\_\_\_\_ Phone: \_\_\_\_\_

Please submit a copy of proof of service and attach it to this form. Send to:

Susan Fallon, National Auxiliary Veteran Liaison  
1101 S. Emmertsen Rd.  
Mt. Pleasant, WI 53406

Questions, please email: [sjf1861-1865@att.net](mailto:sjf1861-1865@att.net)  
Or Phone: (262) 994-4199