AUXILIARY TO SONS OF UNION VETERANS OF THE CIVIL WAR

LIFE MEMBERSHIP APPLICATION FORM

(National Secretary 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 *Department*

1. Direct or collateral descent from _____, who enlisted _____ , as a _____ in Company _____ , Regiment (or Ship) _____ and was honorably discharged _____ on account of _____ .

[OR]

2. Wife, mother, widow, daughter, or legally adopted daughter of _____ who is a lineal member in good standing of the Sons of Union Veterans of the Civil War, Camp No. _____ in the Department of _____.

[OR]

3. Associate member of the Auxiliary *(no lineal descent, nor qualifying SUVCW relative)*. ☐

Enclosed find $_____ *(see fee schedule)* as payment for Life Membership in the Auxiliary to Sons of Union Veterans of the Civil War. I hereby certify that I joined the Auxiliary on the _____ day of _____ in _____ and I am member in good standing.
Day Month Year

_____ _____

Signature *Date (DD/MM/YYYY)*

FEE SCHEDULE

AGE	FEE
85 and over	Free after paying dues for 10 years
65-84	$200.00
50-65	$250.00
Under 50	$350.00

The payment and application must be paid in full for a Sister to be considered to be a **Life Member**. She must also pay the dues to her local Auxiliary from one year of date of filing her Life Membership application.

Make checks payable to: National Organization ASUVCW

Please do not write below this line

_____ _____

Date Approved *National Secretary*

Life Member Number: _____

The local Auxiliary does not pay Per Capita dues to the Department on Life Members as of _____ and the Department does not pay Per Capita dues to National as of _____. The National Secretary will inform the local Auxiliary of this information.