

Auxiliary to Sons of Union Veterans of the Civil War Certification of Election and Installation of National Officers

(To be retained by the National Organization for its records)

National O	organization, Auxiliary to Sons o	f Union Veterans of the Civil	War			
	•			oloyer ID No. (EIN)		
Street Address		City		ZIF	ZIP Code	
		OFFICERS INSTALLED				
<u>Name</u>	<u>Address</u>	<u>City</u>		<u>State</u>	ZIP Code	
Secretary (5-Year Term Ending Year:	_):					
Treasurer (5-Year Term Ending Year:	_):					
Phone:		Email Address:				
Patriotic Instructor:						
Phone:		Email Address:				
Chaplain:						
Phone:		Email Address:				
Press Correspondent:						

Washington D.C. Representative (5-Y	ear Term Ending Year:):		
Coordinator of Membership at Large	(3-Year Term Ending Year:):		
Phone:		Email Address:	
Historian (5-Year Term Ending Year:	:):		
Chief of Staff:			
Co-Counselor:			
Co-Counselor:			
		NG OFFICER AND NATIONAL OFFICE	EDG.
	SIGNATURE OF INSTALLI	NG OFFICER AND NATIONAL OFFICE	ERS
<u>Date</u>	Installing Officer	<u>National Secretary</u>	National President
	Signature	Signature	Signature
	Printed Name	Printed Name	Printed Name