Auxiliary to Sons of Union Veterans of the Civil War

INTERIM MEMBERSHIP REPORT

_____ **Auxiliary No.** _____ **Dept. of** _____

Date:_____

Report of Members Gained this Period by:

Initiation (I), Transfer (T), Reinstatement (R) or Dual (D)
If Transferred, from which Auxiliary.

Action	Name	Address	E-Mail

Report of Members Lost this Period by:

Death (D), Dropped (DR), Honorable Discharge (HD), Transfer (T)
If Transferred, to which Auxiliary.

Action	Name

Changes of Address

Name	Address

(Rev. 1/11)