



**AUXILIARY TO SONS OF UNION VETERANS
OF THE CIVIL WAR**

DUAL MEMBERSHIP APPLICATION

I, _____, hereby apply for **Dual Membership** in
_____, Auxiliary # _____, Department of _____.

If this application is accepted, I will obey and support the Constitution, Rules and Regulations and the
By-laws of the Auxiliary. I am currently a member in good standing in _____
Auxiliary # _____, Department of _____.

Please print:

Name: First _____ Last _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ E-mail Address: _____

I declare this application is true, correct and complete to the best of my knowledge.

Date: _____ Signature: _____

Yearly Dues \$ _____