



**Auxiliary to the Sons of Union Veterans of the Civil War
Application Form**

I, _____, being the age of six (6) or more,
hereby apply for membership in The Auxiliary to Sons of Union Veterans of the Civil War.
If this application is accepted, I will obey and support the Constitution, Rules and Regulations, and the
By-laws of the Auxiliary.

(Please circle number)

1. I am applying for membership in ASUVCW by right of lineal descent from _____
_____, who served in the United States Army, Navy, Marine Corps, or Coast Guard during the
War of the Rebellion, 1861-1865, and never voluntarily bore arms against the Government of the United States.
He enlisted at _____, on
(date) _____ 18____
Mustered in at _____,
(date) _____ 18____ Rank _____ Company _____
Regiment, Battery or Ship _____ Mustered out at _____
_____, (date) _____ 18____
Honorably discharged at _____
(date) _____ 18____ by reason of _____
I am the _____ (great-granddaughter, great-great-granddaughter, legally
adopted daughter, niece, great-niece or great-great-niece, etc.) of the above stated Union Veteran.

2. I am applying for membership in ASUVCW as the wife, mother, widow or legally adopted daughter of a
member of Sons of Union Veterans of the Civil War, with lineage, and who is in good standing.
Name _____, Camp No. _____ Department _____
located at (town) _____

3. I am applying for Associate Membership: I am not a descendant of a Civil War Veteran, and desire to affiliate
with the ASUVCW.

4. I am applying for Junior Membership. (For young ladies between six (6) and twelve (12) years of age - also
complete Section #1 or #2.)

Obligation I, _____ of my own free will and accord,
do solemnly and sincerely promise and declare that I will ever bear true allegiance to the Government of the
United States of America, that I will firmly adhere to and sustain the principles and objects of this Order, that I
will faithfully assist in promoting the interest of this Auxiliary and the Sons of Union Veterans of the Civil War;
that I will, to the best of my ability, aide a Sister of the Order; and I furthermore promise and declare that I will
faithfully uphold and obey the Constitution and By-laws of this Auxiliary and all legal orders coming from the
proper authority. To all this, I pledge myself, and pray God to keep me true to this sacred obligation.

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

Signature _____ Date _____

I was born (date) _____ at _____

(Name) First _____ Maiden _____ Last _____

Mailing Address _____ (Apt. #) _____

City, State _____ Zip _____

Telephone _____, e-mail _____

Please mail your completed Application Form to:
National Auxiliary SUVCW Membership
c/o NVP Jane Graham

1718 Rosemont Road, Alliance, Ohio 44601 (330) 823-6017

Membership questions, email: vice-president@asuvcw.org