



**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 \$ \_\_\_\_\_