



AUXILIARY TO SONS OF UNION VETERANS OF THE CIVIL WAR AUXILIARY ANNUAL PER CAPITA REPORT

(Send two copies to Dept. Secretary due no later than April 1st, retain a copy for Aux. records)

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|----------------------------------------------------------------|--------------------|-----------------------|-------------|---------|
| Auxiliary Name | Number | Employer ID No. (EIN) | | |
| Department | Year of Report | | | |
| LAST ANNUAL REPORT | MEMBERS | ASSOCIATES | JR. MEMBERS | TOTAL |
| IN GOOD STANDING | _____ + | _____ + | _____ = | _____ |
| GAINS | MEMBERS | ASSOCIATES | JR. MEMBERS | |
| BY ORGANIZATION | _____ | _____ | _____ | |
| BY INITIATION | _____ | _____ | _____ | |
| BY TRANSFER | _____ | _____ | _____ | |
| BY REINSTATEMENT | _____ | _____ | _____ | TOTAL |
| Total Gains (add) | _____ + | _____ + | _____ = | _____ |
| LOSS | MEMBERS | ASSOCIATES | JR. MEMBERS | |
| BY DEATH | _____ | _____ | _____ | |
| BY DROP | _____ | _____ | _____ | |
| BY HONORABLE DISCHARGE | _____ | _____ | _____ | |
| BY TRANSFER | _____ | _____ | _____ | TOTAL |
| Total Losses (subtract) | _____ + | _____ + | _____ = | _____ |
| THIS ANNUAL REPORT | MEMBERS | ASSOCIATES | JR. MEMBERS | TOTAL |
| IN GOOD STANDING | _____ + | _____ + | _____ = | _____ |
| | | | | TOTAL |
| PER CAPITA DUES EXEMPTIONS | LIFE MEMBERS _____ | + JR. MEMBERS _____ | = | _____ |
| GRAND TOTAL (MEMBERS IN GOOD STANDING, LESS EXEMPTIONS) | | | | = _____ |

SISTERS SUBJECT TO NATIONAL PER CAPITA DUES x \$ 9.00 EACH = \$ _____
RATE

SISTERS SUBJECT TO DEPARTMENT PER CAPITA DUES x \$ _____ EACH = \$ _____
RATE

NATIONAL NEW MEMBER APPLICATION FEES x \$ 15.00 EACH = \$ _____
RATE

DEPARTMENT NEW MEMBER APPLICATION FEES x \$ _____ EACH = \$ _____
RATE

LATE FEE (AFTER APRIL 30TH) \$ 5.00

TOTAL AMOUNT DUE \$ _____

SIGNATURE: _____ PRINTED NAME: _____

REPORT OF SISTERS ADDED AND NOT PREVIOUSLY REPORTED.
INITIATED (I) OR REINSTATED (R)

| NAME | ADDRESS | CODE |
|------|---------|------|
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REPORT OF SISTERS LOST AND NOT PREVIOUSLY REPORTED
DROPPED (DR) OR HONORABLE DISCHARGE (HD)

| NAME | ADDRESS | CODE |
|------|---------|------|
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REPORT OF SISTERS THAT TRANSFERRED IN OR OUT OF AN AUXILIARY
AND NOT PREVIOUSLY REPORTED
TRANSFERRED INTO AUXILIARY (TI) OR TRANSFERRED OUT OF AUXILIARY (TR)

| NAME | AUXILIARY NAME AND NUMBER | DEPARTMENT | CODE |
|------|---------------------------|------------|------|
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REPORT OF SISTERS WHO HAVE PASSED AND NOT PREVIOUSLY REPORTED
DEATH (D)

| NAME | AUXILIARY NAME AND NUMBER | DEATH DATE | CODE |
|------|---------------------------|------------|------|
| | | | D |
| | | | D |
| | | | D |
| | | | D |
| | | | D |
| | | | D |
| | | | D |
| | | | D |

REPORT OF CHANGE OF ADDRESS SINCE LAST REPORT

| NAME | ADDRESS | EMAIL |
|------|---------|-------|
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REPORT OF DUAL MEMBERS
(LIST ALL AUXILIARY DUAL MEMBERS)

| NAME | AUXILIARY NAME AND NUMBER | DEPARTMENT | PRIMARY (Y/N) |
|------|---------------------------|------------|---------------|
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AUXILIARY JUNIOR MEMBERS
(LIST ALL AUXILIARY JUNIOR MEMBERS)

| NAME | ADDRESS | EMAIL | DATE OF BIRTH |
|------|---------|-------|---------------|
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AUXILIARY LIFE MEMBERS
(LIST ALL AUXILIARY LIFE MEMBERS)

| NAME | ADDRESS | EMAIL | LIFE MEMBER NO. |
|------|---------|-------|-----------------|
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RECEIVED AT DEPARTMENT HEADQUARTERS BY: _____ DATE: _____

INSTRUCTIONS FOR COMPLETION OF FORM A02 - ANNUAL PER CAPITA

This form is not only an annual report to the Department on your Auxiliary, but also serves as an update for your Auxiliary status by also reporting items since your last Form A03 (Auxiliary Status Report). All new Sisters, drops, etc., since your last Form A03 will be reported on this form.

The Auxiliary must submit two (2) copies of Form A02 to the Department Secretary with all supporting paperwork (applications, rosters, etc) and include the check for all money due to the Department on or before April 15th of each year. The Auxiliary should retain an additional copy. This includes a copy of the auxiliary roster with the following information:

- 1) FULL NAME
- 2) ADDRESS
- 3) STATUS (MEMBER, ASSOCIATE, JUNIOR MEMBER, DUAL MEMBER, LIFE MEMBER)
- 4) PHONE NUMBER
- 5) EMAIL ADDRESS
- 6) DATE OF BIRTH (FOR JUNIOR MEMBERS)

Please attach two (2) copies of each new Sister's completed application. Please use the most current application form to assist the Department and National Officers who have to enter this data. Also, be sure to include the National New Member Fee of \$15.00 for each new Sister.

After the submittal of Form A02, additions, deletions and changes to the Auxiliary membership will be reported through the Department Secretary using Form A03, with supporting documentation as required.

The annual per capita dues due to the National organization is \$9.00 for each existing Sister (except Life Members [after the first year] and Junior Members).

Junior Members will be automatically upgraded to Members in the National database on their 12th birthday, if their date of birth has been reported.

The most up-to-date forms can be found on the National website at:

<http://www.asuvcw.org>