



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

I, \_\_\_\_\_, being the age of eight (8) 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.

1. I am applying for membership in ASUVCW by right of lineal descent from \_\_\_\_\_, who served in the United States Army, Navy or Marine Corps during the War of the Rebellion, 1861-1865, and never voluntarily bore arms against the Government of the United States.  
He enlisted at \_\_\_\_\_,  
(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 greatgranddaughter, 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 of (state) \_\_\_\_\_  
\_\_\_\_\_ 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 who have attained eight ( 8 ) years of age. 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 \_\_\_\_\_  
\_\_\_\_\_ 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 Janice Harding  
8616 Richmond Av  
Baltimore MD 21234

Membership questions, email: [vice-president@asucwv.org](mailto:vice-president@asucwv.org)