



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

First Maiden Last
Address
City, State and Zip
Telephone
E-mail
Date of Birth Occupation

I am eligible for membership in 1 of the following 4 categories:

1. I am applying for membership in ASUVCW by right of lineal descent from my ancestor who served in the United States Army, Navy or Marine Corps during the War of the Rebellion, 1861-1865, and who never voluntarily bore arms against The Government of the United States.

Veteran's Name

Enlisted at date 18

Mustered in at date 18

Rank

Company

Regiment, Battery or Ship

Mustered out at date 18

Honorably discharged? date by reason of

- OR -

2. I am applying for membership in ASUVCW as the mother, wife, 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) _____

- OR -

3. I am applying for Associate Membership: I am not a descendant of a Civil War Veteran, and desire to affiliate with the ASUVCW. * Please share your Civil War interests and activities below.

- OR -

4. I am applying for Junior Membership: For young ladies who have attained the age of twelve (12) years. Please complete section #1 or #2.

Signature _____ Date _____

*Please mail your completed form to the address below.
You will be notified after your application has been reviewed.*

**Department of Wisconsin
ASUVCW Membership
Linda Brown
5025 N. 105th Street
Milwaukee, Wisconsin 53225**

Email: LYNDYLU50@aol.com