



**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 Ramona Greenwalk  
993 Glamorgan Street, Alliance, OH 44601-2733  
Membership questions, email: [vicepresident@asuvchw.org](mailto:vicepresident@asuvchw.org)