

AUXILIARY TO SONS OF UNION VETERANS OF THE CIVIL WAR
AUXILIARY STATUS REPORT

(Send two copies to Dept. Secretary due no later than the 1st of each month and retain one copy for Auxiliary records)

ATTENTION Auxiliary Secretary:

Two copies of Form A03 shall be submitted to the Department Secretary by the 1st day of the next month following any of the following changes to the Auxiliary's membership: (1) a new Sister joins the Auxiliary; (2) a Sister is reinstated after being dropped for nonpayment of dues; (3) a Sister passes away; (4) a Sister has a change of address; (5) a Sister transfers in or out of an Auxiliary; or (6) a Sister receives an Honorable Discharge.

If use of this form reports a new Sister, two copies of her application plus her per capita dues fee and her application fee shall accompany this form.

If use of this form reports a Sister as reinstated after being dropped for nonpayment of dues, the full per capita dues for the current calendar year plus any reinstatement fee for that Sister shall accompany this form.

Auxiliary Name	Number
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Department Name _____ Date (MM/DD/YYYY) _____

Check the classification related to the Sister indentified, below.

Member	Associate	Junior	Life Member	Dual
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Indicate the reason for submitting this form, for the Sister whose name and address are listed below, by checking the corresponding category.

____ **New Sister:** **Application Fee** Department + National application fees = \$ _____
 Per Capita Dues..... Department + National per capita dues = \$ _____

Reinstated Sister: Reinstatement Fee (\$10.00) + Dept. + National per capita dues = \$ _____

____ **Change of Status:** ____ ASSOCIATE to MEMBER *(supporting documentation attached)*
 JUNIOR to MEMBER

Discharge: HONORABLE DISHONORABLE Date of Discharge:

Passing of Sister: Date of Death:

____ **Sister Transferring:** Transferring Out ____ Transferring In ____
 Transferring From:

<i>Auxiliary Name</i>	<i>Number</i>	<i>Department</i>
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Sister Change of Address:

Name: _____ Date of Birth: _____

First Middle Last MM/DD/YYYY

Address: _____

Street City State Zip

Telephone Number: () Email: _____

Auxiliary Secretary

Forms, Documentation, and Costs to be Included with Form A03

The Auxiliary Status Report (Form A03) is to be used for actions occurring between January 1 and December 31, except during the month of April when the Annual Per Capita Report (Form A02) is due.

The Auxiliary should forward the Auxiliary Status Report and associated documents to the Department Secretary to arrive no later than the 1st day of the month following a change. The Department Secretary should forward the Auxiliary Status Report and associated documents to the National Secretary no later than the 15th of the month after it was received from the Auxiliary.

New Sisters:	<u>Aux. to Dept.</u>	<u>Dept. to Natl.</u>
Form A03 (Two copies)	2 copies	1 copy
Completed application for membership (Two copies)	2 copies	1 copy
Application Fee (Department plus National).....	\$ _____	\$10.00
Per Capita Dues (Department plus National)	\$ _____	\$9.00
<i>(Juniors and Life Members are exempt from National per capita dues)</i>		

Reinstated Sister		
Form A03 (Two copies)	2 copies	1 copy
Reinstatement Fee	\$ _____	\$10.00
Per Capita Dues (Department plus National)	\$ _____	\$9.00

CHANGE OF STATUS:

From Associate to Member:

Form A03 (Two Copies)	2 copies	1 copy
Completed application for membership (Two copies).....	2 copies	1 copy

From Junior to Member:

Form A03 – When reaching 12th birthday (Two copies)	2 copies	1 copy
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Discharged Sister:

Form A03 (Two copies)	2 copies	1 copy
<i>(Be sure to include date of discharge and type)</i>		
Discharge Form A13 (Two copies).....	2 copies	1 copy

SISTER TRANSFERRING:

Leaving Auxiliary:

Form A03 (indicating “Transfer Out”)	2 copies	1 copy
Form A12 (copy- as completed by gaining Auxiliary)	2 copies	1 copy

Joining Auxiliary:

Form A03 (indicating “Transfer In” and Auxiliary Leaving)	2 copies	1 copy
Form A12 (copy - as completed by losing Auxiliary)	2 copies	1 copy

Deceased Sister:

Form A03 (Two copies)	2 copies	1 copy
<i>(Be sure to include date of death)</i>		

Sister’s Change of Address:

Form A03 (Two copies)	2 copies	1 copy
<i>(Provide NEW address and email also include date of birth for identification purposes)</i>		