

Sons of Union Veterans of the Civil War
Certification of Election and Installation Of Camp Officers

Form 22 – Rev 08/04

Camps: Send completed form and one copy to the Department Secretary

Department: Send the completed form to National Headquarters

Signatures are required on the last page of this form. – Retain photocopies for your records

Date _____

Camp Name	Camp Number	Department Abbreviation	EIN
City	State	Initiation Fee	Annual Dues
Meeting held (name of building, if applicable and address)			Time
Frequency of meetings (day of week, and month(s))			

Camp Officers Installed:

Commander

Name: _____

Address: _____

City, State and Zip Code: _____

Phone: () _____

Email: _____

Junior Vice Commander:

Name: _____

Address: _____

City, State and Zip Code _____

Phone () _____

Email: _____

Council Member 2:

Name _____

Address _____

City, State and Zip Code _____

Phone: () _____

Email: _____

Senior Vice Commander

Name: _____

Address: _____

City, State and Zip Code _____

Phone: () _____

Email: _____

Council Member 1:

Name: _____

Address: _____

City, State and Zip Code _____

Phone: () _____

Email: _____

Council Member 3:

Name _____

Address: _____

City, State and Zip Code _____

Phone: () _____

Email: _____

Secretary:

Name _____

Address: _____

City, State and Zip Code _____

Phone: () _____

Email: _____

Patriotic Instructor:

Name: _____

Address: _____

City, State and Zip Code: _____

Phone () _____

Email: _____

Graves Registration Officer:

Name: _____

Address: _____

City, State and Zip Code _____

Phone: () _____

Email: _____

Civil War Memorials Officer:

Name _____

Address: _____

City, State and Zip Code _____

Phone: () _____

Email _____

Treasurer:

Name: _____

Address: _____

City, State and Zip Code _____

Phone: () _____

Email: _____

Chaplain:

Name: _____

Address: _____

City, State and Zip Code _____

Phone: () _____

Email: _____

Historian:

Name: _____

Address: _____

City, State and Zip Code _____

Phone: () _____

Email: _____

Eagle Scout Coordinator:

Name: _____

Address: _____

City, State and Zip Code: _____

Phone () _____

Email _____

Attach Camp Roster to this report

Past Commanders:

Name (First, Middle, Last) Year(s) Served as Commander

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Name (First, Middle, Last) Year(s) Served as Commander

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Name (First, Middle, Last) Year(s) Served as Commander

Name (First Middle, Last) Year(s) Served as Commander

Use additional pages to complete Past Commander's List

Financial Information

Audit of Camp's Financial Books and Accounts was conducted _____,
by:

Council Member's Name (Signature and Printed)

Council Members Name (Signature and Printed)

Council Member's Name (Signature and Printed)

Installing Officer

Signature of Installing Officer

Date

Camp Secretary and Commander

Signature of Camp Secretary and Date

Signature of Camp Commander and Date

Department Secretary

Received at Department Headquarters on this date: _____.

Signature of Department Secretary