

# Sons of Union Veterans of the Civil War Department Annual Report

Form 35

(Due at National Headquarters on or before May 31 of each year – Retain duplicate for Department Records)

From the Department of \_\_\_\_\_ Report for year 20\_\_\_\_

<b>LAST ANNUAL REPORT</b>	Members	Associates		Jr. Members	Jr. Assoc		Total
Brothers in Good Standing	_____	+ _____	+ _____	_____	+ _____	= _____	_____
Camps in Good Standing							_____

<b>Gain<sup>1</sup></b>	Members	Associates		Jr. Members	Jr. Assoc		Total
By Organization	_____	_____		_____	_____		
By Initiation	_____	_____		_____	_____		
By Transfer	_____	_____		_____	_____		
By Reinstatement	_____	_____		_____	_____		
<b>Total Gains (add)</b>	_____	+ _____	+ _____	_____	+ _____	= _____	_____

<b>Loss</b>	Members	Associates		Jr. Members	Jr. Assoc		Total
By Death	_____	_____		_____	_____		
By Drop	_____	_____		_____	_____		
By Honorable Discharge	_____	_____		_____	_____		
By Transfer	_____	_____		_____	_____		
<b>Total Losses (subtract)</b>	_____	+ _____	+ _____	_____	+ _____	= _____	_____

<b>THIS ANNUAL REPORT</b>	Members	Associates		Jr. Members	Jr. Assoc		Total
Brothers in Good Standing	_____	+ _____	+ _____	_____	+ _____	= _____	_____
Combined	Brothers: _____			Juniors: _____			
Camps in Good Standing							_____

<b>Summary Information</b>	Members	Associates	Total
Dual Brothers	_____	+ _____	= _____
New Members	_____		
New Members under 40	_____		

**PER CAPITA DUES Exemptions**

Life Members	_____
Real Sons	_____
Brothers in War Zone <sup>2</sup>	_____
Honorary Members <sup>3</sup>	_____
Junior's	_____
Junior Associates	_____

NOTE: A copy of the application for each NEW Brother being reported for the first time and not previously reported using a Camp Status Report (Form 30) MUST be enclosed with this report.

<sup>1</sup> Report totals since last annual report

<sup>2</sup> Attach letter including name, rank & branch and location of service. List brothers in section on page 4.

<sup>3</sup> Only Nationally approved Honorary Members are exempt from National Per Capita Dues

<sup>4</sup> Only include amount for National Per Capita if applicable

**Total Exemptions (subtract)** .....

Brothers Subject to *National Per Capita Dues*<sup>4</sup> .....  
Rate ..... x \$23.00  
 Due<sup>4</sup> ..... \$ \_\_\_\_\_

New Brothers report minus previously submitted .....  
Rate ..... x \$5.00  
 Due ..... \$ \_\_\_\_\_

**Total Amount Due** ..... \$ \_\_\_\_\_

**Department Secretary Certification:**

Signature: \_\_\_\_\_

Printed Name: \_\_\_\_\_

**Department Treasurer's Annual Report**

Balance on hand last Annual Report \$ \_\_\_\_\_

Balance on hand this Annual Report \$ \_\_\_\_\_

EIN Number \_\_\_\_\_. Date Department last filed with IRS \_\_\_\_\_

Please Note: \* All monies and other assets, including real and personal property held by Camps, departments, and the National Organization are charged with a trust for the purposes for which the Order exists, as stated in its Act of Incorporation. Any use of said monies or other assets, including real and personal property for other purposes is illegal and shall subject the parties concerned to disciplinary action under Article VI of Chapter V and may be restrained by the Commander-in-Chief or Council of Administration to the extent, if necessary, of taking possession and control of the money or assets involved. For record keeping, please furnish the names of each financial institution in which Camp funds are being held. Please attach a separate sheet if necessary. Thank you.

*\*National Regulations, Chapter I, Article I, Section 4*

Please list all financial institutions in which Department funds are being held.

Bank/Financial Institution Name	Street Address	City/State

Add additional sheets, if necessary

**Department Treasurer Certification:**

Signature: \_\_\_\_\_

Printed Name: \_\_\_\_\_

**Department Commander Approval:**

Signature: \_\_\_\_\_ Date \_\_\_\_\_

Printed Name: \_\_\_\_\_

**Honorary Membership Roster  
(List all Honorary Members within your Department)**

Name	Street Address	City/State/Zip	Camp Number

**Report of Camps Organized, Reinstated, Suspended, Dropped, or Disbanded**

(Use only to report new Camps or Camps lost)

Camp Name	Camp No.	Location (City/State)	Date Organized – Reinstated	Date Suspended	Date Dropped / Disbanded	Number of Brothers

**Report on Deceased Brothers Not Previously Reported**

(The National Chaplain requires this information to prepare the Annual "Necrology Report" for the National Encampment and publication in the "Proceedings.")

Name	Address	Date of Death	Camp Name and Number

**Report of Brothers Added and Lost not previously reported  
Initiated (I), Transferred into Camp (TI), Transferred out of Camp (TR),  
Reinstated (R), Dropped (DP), Discharged (DS), or Death (DA)**

Name	Address	Camp No.	Code

Add additional sheets, if necessary

**Report of Change of Address Not Previously Reported**

Name	Street Address	City/State	Email	Camp Name and No.

Add additional sheets, if necessary.

**Life Membership/Real Sons**

(List all Life Members and Real Sons in the Department)

Name	Street Address	City/State	Life Member Number	Camp Name and Number

Add additional sheets, if necessary

**Junior Members and Junior Associates**

(List all Junior Members and Junior Associates in the Department)

Name	Address	Date of Birth	Camp Name and Number

Add additional sheets, if necessary

**Brothers Assigned in War Zone**

(Brother must currently be assigned in a designated War Zone)

Name	Duty Station Location	Camp Name and Number

Received at National Headquarters by: \_\_\_\_\_ Date: \_\_\_\_\_

## INSTRUCTIONS FOR COMPLETING FORM 35 – DEPARTMENT ANNUAL REPORT

This form is not only an annual report to National on your Department, but also serves as an update for your Department status by also reporting items since your last Form 30 forwarded to National.

The Department must submit Form 35 to the National Executive Director with all supporting documentation, including the check for all money due to the National Organization, before May 31 of each year. This includes a corrected copy of the roster sent to you at the beginning of the year by the Executive Director. In this way, the National Organization can check their records and try to keep them accurate. Rosters need to be legible and include:

- 1) Full name (please do not use nicknames.)
- 2) Address
- 3) Status (Member, Associate, Junior Member, Junior Associate, Real Son, etc.)
- 4) Phone number
- 5) Email address
- 6) Date of birth (especially for Junior Members and Junior Associates)

Include a copy of all Camp Form 27's with the submission of Form 35 to National Executive Director for auditing purposes.

Please attach a copy of each new brother's completed application. Use the most current application form, to assist National officers who have to enter this data into the computer.

After filing this report, additions, deletions and changes to the Department membership will be reported to National by forwarding the Form 30 with supporting documentation as required.

The annual per capita dues due the National organization is \$23.00 for each existing brother (except Life Members, Junior Members, Junior Associates, nationally approved Honorary Members, Real Sons, and Brothers in a War Zone). Junior Members and Junior Associates do not receive the BANNER, unless they pay for a subscription.

Junior Members will automatically be upgraded to Member in the National database on their 14<sup>th</sup> birthday, if their date of birth has been reported. Junior Associates will automatically be upgraded to Associate in the National database on their 14<sup>th</sup> birthday, if their date of birth has been reported.

**PRO-RATED PER CAPITA DUES** - The following is a handy reference:

New Brother (Jan to Mar)	\$5.00 application fee + \$23.00 per capita dues = \$28.00
New Brother (Apr to Jun)	\$5.00 application fee + 17.25 per capita dues = \$22.25
New Brother (Jul to Sep)	\$5.00 application fee + 11.50 per capita dues = \$16.50
New Brother (Oct to Dec)	\$5.00 application fee + 5.75 per capita dues = \$10.75
Junior Member or Junior Associate	\$5.00 application fee and no per capita dues
Reinstated brother	\$10.00 reinstatement fee + \$23.00 per capita dues regardless of time of year.

Pro-rated Per Capita dues is calculated upon date of election, not when the Form 30 is sent in.

## **INSTRUCTIONS FOR COMPLETING FORM 35 – DEPARTMENT ANNUAL REPORT**

OLD FORMS – Please use the current edition of the forms. They are available on the Order’s web site. If you have a problem getting the current form from the website, please contact the National Executive Director, who will gladly mail to you the proper form. Every Commander-in-Chief for the last several years has included in his General Orders, the requirement that only current forms be used. It will make the job at Department and National so much easier. Remember, someday, that may be you!

JUNIORS MEMBERS AND JUNIOR ASSOCIATES – Please be sure that applications for each Junior Member and Junior Associate includes a date of birth, so they can be automatically upgraded to Member or Associate, as appropriate, when they reach appropriate age.

DATE OF DEATH – Please be sure to include the date of death for deceased Brothers. The Department Chaplain and the National Chaplain need this information and will really appreciate it.

### GENERAL REQUIREMENTS

Please be sure the name of the Camp and Department are listed on each application form submitted.

Please use a brother’s proper name in all reports, not nicknames.

We hope you find this information useful and helpful in the performance of your duties. We believe this reporting system will save us all a lot of time and effort, facilitate the sharing of accurate information, and result in more efficient operation. It is important for the Department officers to understand this form and use it correctly, so if you have any questions, please do not hesitate to contact the Executive Director or National Secretary for assistance. If you have any suggestions to improve this process, we would be very happy to hear from you.

Mail Form to:

SUVCW National HQ, 1 Lincoln Circle at Reservoir Park, Suite 240 (Nat’l Civil War Museum Bldg.), Harrisburg PA 17103-2411.