

Sons of Union Veterans of the Civil War LIFE MEMBER REIMBURSEMENT FORM

Form 10 – Rev. 01/22

Department:	Date:		
Camp:	City:	State:	
The above named Camp hereby requests that the Nareimbursement for the following Brother(s) whose Life Me Real Sons who were given a Life Member number (did ralso, please provide the following additional information to	embership Fee was paid-i not pay for a Life Member	n-full on or before Dec ship) do not qualify foi	ember 31, 2001
Nat'l Treas's <u>Life</u>	Address	City State	
I certify that the above named Brother(s) is/are living, and payment from the National Organization of the Sons of Unio	d in Good Standing in the	above named Camp,	which is entitled to
amount set by the National Regulations or Council of Adm Brother being a Dual Member (having membership in an entitled reimbursement.	ninistration (whichever app	plies). In the case of	an above named
Date P	rint Name	Title (Cmdr.	/Sec./Treas.)
Signature		E-mail Address	
	Street		
City	St	ate	Zip Code
If more space is needed, please use a second for These forms must be received by the National Treasurer regulations. Please DO NOT submit this form prior to January Mail to: D. Michael Beard, National Treasurer, 8510	no later than March 31st uary 1.	or the request will be r	ejected, per