



NATIONAL HEADQUARTERS

SONS OF UNION VETERANS OF THE CIVIL WAR

New Camp Data Sheet



Form 54

(Retain copy for Camp records)

Two copies of this completed form are to be forwarded to the Department Secretary, who will forward one of the copies to the National Secretary along with the Application for Camp Charter (Form 55).

Camp Name _____ Number _____ EIN No. _____

Meetings held at _____

Location _____ Time _____

Frequency of meetings _____

OFFICERS INSTALLED

Date _____

(Type or Print Clearly for the new Camp Officer positions that apply to this particular Camp at this time.)

Commander:

Senior Vice Commander:

Name (First, Middle, Last)

Street

City State Zip

(____) _____
Phone E-Mail Address

Name (First, Middle, Last)

Street

City State Zip

(____) _____
Phone E-Mail Address

Junior Vice Commander:

Council Member 1:

Name (First, Middle, Last)

Street

City State Zip

(____) _____
Phone E-Mail Address

Name (First, Middle, Last)

Street

City State Zip

(____) _____
Phone E-Mail Address

Council Member 2:

Council Member 3:

Name (First, Middle, Last)

Street

City State Zip

(____) _____
Phone E-Mail Address

Name (First, Middle, Last)

Street

City State Zip

(____) _____
Phone E-Mail Address

Continued -

Secretary:

Name (First, Middle, Last)

Street

City State Zip

(____) _____
Phone E-Mail Address

Treasurer:

Name (First, Middle, Last)

Street

City State Zip

(____) _____
Phone E-Mail Address

Patriotic Instructor:

Name (First, Middle, Last)

Street

City State Zip

(____) _____
Phone E-Mail Address

Chaplain:

Name (First, Middle, Last)

Street

City State Zip

(____) _____
Phone E-Mail Address

Graves Registration Officer:

Name (First, Middle, Last)

Street

City State Zip

(____) _____
Phone E-Mail Address

Historian:

Name (First, Middle, Last)

Street

City State Zip

(____) _____
Phone E-Mail Address

Civil War Memorials Officer:

Name (First, Middle, Last)

Street

City State Zip

(____) _____
Phone E-Mail Address

Eagle Scout Coordinator:

Name (First, Middle, Last)

Street

City State Zip

(____) _____
Phone E-Mail Address