

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

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 Completed _____ for Calendar Year _____

Camp Name Camp Number Department Name 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: _____

Senior Vice Commander

Name: _____

Address _____

City, State and Zip Code _____

Phone: _____

Email: _____

Junior 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 2:

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: _____

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: _____

Patriotic Instructor:

Name: _____

Address: _____

City, State and Zip Code: _____

Phone: _____

Email: _____

Color Bearer:

Name: _____

Address: _____

City, State and Zip Code: _____

Phone: _____

Email: _____

Guard:

Name: _____

Address: _____

City, State and Zip Code: _____

Phone: _____

Email: _____

Guide:

Name: _____

Address: _____

City, State and Zip Code: _____

Phone: _____

Email: _____

Memorials Officer:

Name: _____

Address: _____

City, State and Zip Code: _____

Phone: _____

Email: _____

_____:

Name: _____

Address: _____

City, State and Zip Code _____

Phone: _____

Email: _____

_____:

Name: _____

Address: _____

City, State and Zip Code: _____

Phone: _____

Email: _____

_____:

Name: _____

Address _____

City, State and Zip Code _____

Phone: _____

Email: _____

_____:

Name: _____

Address: _____

City, State and Zip Code: _____

Phone: _____

Email: _____

_____:

Name: _____

Address _____

City, State and Zip Code _____

Phone: _____

Email: _____

_____:

Name: _____

Address: _____

City, State and Zip Code: _____

Phone: _____

Email: _____

_____:

Name: _____

Address _____

City, State and Zip Code _____

Phone: _____

Email: _____

Attach Camp Roster to this report

Living Past Commanders:

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

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

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

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

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

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

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

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

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

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

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

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

Use additional pages to complete Living Past Commander's List

Financial Information

The following Camp Council Members conducted a review of the Camp's Financial Books and Accounts on: _____
Date

Council Member 1 (Signature and Printed Name)

Council Member 2 (Signature and Printed Name)

Council Member 3 (Signature and Printed Name)

Installing Officer

Installing Officer (Signature and Printed Name) _____ Date

Camp Secretary and Commander

Camp Secretary (Signature and Printed Name) _____ Date

Camp Commander (Signature and Printed Name) _____ Date

Department Secretary

Received at Department Headquarters on this date: _____

Department Secretary (Signature and Printed Name)