

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

Form 10

Department:		Date:			
Camp:		City:		State:	
The above named Camp hereby requests that reimbursement for the following Brother(s) whose a Life Member number (did not pay for a Life M following additional information to update the Life	<u>Life Men</u> embersh	nbership number is lo p) do not qualify for	wer than 600. R	<i>leal Sons</i> who were g	jive
I certify that the above named Brother(s) is/are liv payment from the National Organization of the Sons amount set by the National Regulations or Council Brother being a Dual Member (having membersh entitled reimbursement.	ing, and of Unior of Admir	in Good Standing in to Veterans of the Civnistration (whichever	he above named il War for Life Me applies). In the	d Camp, which is entitl ember reimbursement i case of an above na	n th me
Date	Pri	nt Name	Title	e (Cmdr./Sec./Treas.)	
Signature			E-ma	il Address	
		Street			
City		<u> </u>	State	Zip Code	_
If more space is needed, please use a see These forms must be received by the National Tree regulations. Please DO NOT submit this form prior Mail to: D. Michael Beard, National Treasure	asurer <u>ne</u> to Janua	o later than March 31 ry 1.	<u>st</u> or the request	will be rejected, per	