

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

Form 10 – Rev. 03/20

Department:		Date:	
Camp:	City:	State:	

The above named Camp hereby requests that the National Treasurer forward payment of the annual Life Membership reimbursement for the following Brother(s) whose Life Membership Fee was paid-in-full on or before December 31, 2001. *Real Sons* who were given a Life Member number (did not pay for a Life Membership) do not qualify for reimbursement. Also, please provide the following additional information to update the Life Member Database.

Nat'l Treas's Office use	Name	<u>Life</u> <u>Number</u>	Address	<u>City</u>	<u>State</u>	Zip Code
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	II	- <u> </u>				
	II					
	II	- <u> </u>				
	II					

I certify that the above named Brother(s) is/are living, and in Good Standing in the above named Camp, which is entitled to payment from the National Organization of the Sons of Union Veterans of the Civil War for Life Member reimbursement in the amount set by the National Regulations or Council of Administration (whichever applies). In the case of an above named Brother being a Dual Member (having membership in an additional Camp) he has designated this Camp to receive the entitled reimbursement.

	Date	Print Name		Title	Title (Cmdr./Sec./Treas.)		
		Signature		E-mail A	Address		
			Street				
		City		State	Zip Code		
lf mo	re space is needed, p	blease use a second form	n or sheet. Previou	s versions of th	is form are void.		

These forms must be received by the National Treasurer <u>no later than **March 31st**</u> or the request will be rejected, per regulations. <u>Please DO NOT submit this form prior to January 1.</u>

Mail to: D. Michael Beard, National Treasurer, 17 Rubins Walk, Fredericksburg, VA 22405

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