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	n		Time	
Frequency of med	eetings				
) FFICERS I	NSTALLED D	ate	
(Type or P			positions that apply to this partic		time.)
Commander:			Senior Vice Comman	der:	
Name (First, Middle, Last	t)		Name (First, Middle, Last)		
Street			Street		
nect			Succi		
City	State	Zip	City	State	Zip
()			()		
Phone	E-Mail Address		Phone	E-Mail Address	
Junior Vice Con	mmander:		Council Member 1:		
Junior Vice Con	nmander:		Council Member 1:		
			Council Member 1: Name (First, Middle, Last)		
Name (First, Middle, Last			Name (First, Middle, Last)		
Name (First, Middle, Last					
Name (First, Middle, Last Street		Zip	Name (First, Middle, Last)	State	Zip
Name (First, Middle, Last Street	State	Zip	Name (First, Middle, Last) Street City		Zip
Name (First, Middle, Last Street	tt)	Zip	Name (First, Middle, Last) Street City	State E-Mail Address	Zip
Name (First, Middle, Last Street City Phone	State E-Mail Address	Zip	Name (First, Middle, Last) Street City		Zip
Name (First, Middle, Last Street City Phone	State E-Mail Address	Zip	Name (First, Middle, Last) Street City Phone		Zip
Name (First, Middle, Last City Phone Council Membe	State E-Mail Address Pr 2:	Zip	Name (First, Middle, Last) Street City Phone		Zip
Name (First, Middle, Last Street City Phone Council Membe Name (First, Middle, Last	State E-Mail Address Pr 2:	Zip	Name (First, Middle, Last) Street City (Zip
Name (First, Middle, Last Street City Phone Council Membe	State E-Mail Address Pr 2:	Zip	Name (First, Middle, Last) Street City () Phone Council Member 3:		Zip
Name (First, Middle, Last Street City Phone Council Membe Name (First, Middle, Last	State E-Mail Address Pr 2:	Zip	Name (First, Middle, Last) Street City (Zip
Name (First, Middle, Last Street City Phone Council Membe Name (First, Middle, Last	State E-Mail Address er 2:		Name (First, Middle, Last) Street City Phone Council Member 3: Name (First, Middle, Last) Street	E-Mail Address	

New Camp Data Sheet Page 2

Secretary:			Treasurer:		
Name (First, Middle, La	ast)		Name (First, Middle,	Last)	
treet			Street		
ity	State	Zip	City	State	Zip
Phone	E-Mail Address		Phone	E-Mail Address	
atriotic Instru	ıctor:		Chaplain:		
me (First, Middle, La	ast)		Name (First, Middle,	Last)	
reet			Street		
ty	State	Zip	City	State	Zip
Phone	E-Mail Address		Phone	E-Mail Address	
raves Registr	ration Officer:		Historian:		
me (First, Middle, La	ist)		Name (First, Middle,	Last)	
reet			Street		
у ^ \	State	Zip	City	State	Zip
Phone	E-Mail Address		Phone	E-Mail Address	
Civil War Memorials Officer:			Eagle Scout Coordinator:		
nme (First, Middle, La	ist)		Name (First, Middle,	Last)	
reet			Street		
ity	State	Zip	City	State	Zip
Phone Phone	E-Mail Address		Phone	E-Mail Address	