Print Form

Sons of Union Veterans of the Civil War

2011 LIFE MEMBER REIMBURSEMENT FORM

Form 10 - Rev. 01/11

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	Life Number	Address	City	State	Zip Code

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 (Cmdr./Sec./Treas.)

_____ Signature

_____ E-mail Address

_____ Street

_____ City

_____ State

_____ Zip Code

If more space is needed, please use a second form or sheet. Previous versions of this form are void.

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

Mail to: **Richard D. Orr, National Treasurer, 153 Connie Drive, Pittsburgh, PA 15214-1251**

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