

Sons of Union Veterans of the Civil War
Department Annual Report

Form 35(A)

(Due at National Headquarters on or before May 31 of each year –Retain duplicate for Department Records)

From the Department of _____ Report for year 20__.

Department Secretary's Annual Report
DO NOT RECORD JUNIORS HERE

GAIN:	Brothers	LOSS	Brothers
By Organization	_____	By Death	_____
By Initiation	_____	By Drop	_____
By Transfer	_____	By Honorable Discharge	_____
By Reinstatement	_____	By Transfer	_____
TOTAL GAIN	_____	TOTAL LOSS	_____

SUMMARY

Camps in Good Standing Last Annual Report _____	Camps in Good Standing This Annual Report _____
Brothers in Good Standing Last Annual Report _____	Add gain of _____
Subtract Loss of _____	= Brothers in Good Standing This Report _____

EXEMPT FROM NATIONAL PER CAPITA TAX	
Life Members:	_____
Real Sons	_____
Brothers in War Zone ²	_____
Honorary Members ³	_____
Total	_____
FOR INFORMATION ONLY	
Associates included in good standing	_____
Juniors Enrolled	_____
Dual Members	_____

Per Capita Computation	
Number/Amount/Due	
New Brothers Since Last Report	_____
Minus Application Fees Paid since last report	_____
Applications this report	_____ X \$5.00 = \$ _____
Brothers in Good Standing, Minus those exempt	_____ X \$18.00 = \$ _____

Department Secretary Signature _____

- (1) Report totals since last annual report
- (2) For each Brother serving in a war zone, please attach letter including name, rank, branch, & location of service
- (3) Only Nationally approved Honorary Members are excluded from Per Capita

Department of _____, Annual Report for year of _____
Department Treasurer's Annual Report

Balance on hand last Annual report \$ _____ Balance on hand this Annual report \$ _____

Please Note: * All monies and other assets, including real and personal property held by Camps, Departments, and the National Organization are charged with a trust for the purposes for which the Order exists, as stated in its Act of Incorporation. Any use of said monies or other assets, including real and personal property for other purposes is illegal and shall subject the parties concerned to disciplinary action under Article VI of Chapter V and may be restrained by the Commander-in-Chief or Council of Administration to the extent, if necessary, of taking possession and control of the money or assets involved. For record keeping, please furnish the names and addresses of each financial institution holding assets of the Department. Please attach a separate sheet if necessary. Thank you.
 National Regulations, Chapter III, Article VI, Section 4

Please list all financial institutions in which Camp funds are being held.

Bank/Financial Institution Name	Street Address	City/State

 Department Treasurer Signature

Approved by: _____ Date: _____
 Department Commander Signature

Honorary Membership Roster
(list all Honorary Members)

Name	Street Address	City/State/Zip	Phone

Add additional sheets if necessary

Report of Dual Members

Name	Camp Name & Number	Department

Add additional sheets if necessary

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Report of Camps Organized, Reinstated, Suspended, Dropped or Disbanded:

(Use only to report new Camps or Camps lost)

Camp Name	Camp No.	Location (City/State)	Date Organized – Reinstated	Date Suspended	Date Dropped/Disbanded	# of Brothers

Report on Deceased Brothers Not Previously Reported

(The National Chaplain requires this information to prepare the Annual “Necrology Report” for the National Encampment and publication in the “Proceedings.”)

Name	Address	Date of Death	Camp Name & Number

**Report of Brothers Added and Lost not previously reported
Initiated (I), Transferred into Camp (T), Transfer out of Camp (TR),
Reinstated (R), Drop (DP), Discharge (DS), Death (DA)
Initiated (I), Transferred into Camp (TI) or Reinstated (R)**

Name	Address & Email	Code

Add additional Sheets if necessary

Department of _____, Annual Report for year of _____

Report of Brothers Change of Address Not Previously Reported

Name	Address	City/State/Zip	Email	Camp Name & #

Add additional sheets if necessary

Life Membership

(list all Life Members in the Department)

Name	Street Address	City/State/Zip	Life Membership #	Camp Name And Number

Add additional sheets if necessary

Junior Membership

(list all Juniors in the Department)

Name	Address	Date of Birth	Email

Add additional Sheets if necessary

Received at National Headquarters

By: _____
National Executive Director

Date _____

Department of _____, Annual Report for year of _____

INSTRUCTIONS FOR COMPLETION OF FORM 35(A)
ANNUAL DEPARTMENT REPORT

NOTE: A copy of the application for each NEW Brother MUST be enclosed with this report

This form is not only an annual report to National on your Department, but also serves as an update for your Department status by also reporting items since your last form 30 forwarded to National.

The Department must submit form 35(A) to the National Executive Director with all supporting documentation, a check for all money due to the National Organization and current Department Roster before May 31. A copy of the Department Roster was sent to you at the beginning of the year by the Executive Director. Rosters need to be legible and include:

- 1) Full name (please do not use nicknames).
- 2) Complete Address
- 3) Status (Member, Associate, Junior, Real Son, etc.)
- 4) Phone number
- 5) Email address
- 6) Date of birth (especially for Juniors)

Please attach a copy of each new brother's completed application. Use the most current application form, to assist National Officers who have to enter this data into the computer.

After filing this report, additions, deletions and changes to the Department membership will be reported to National by forwarding the form 30 with supporting documentation as required.

The annual per capita due the National Organization is \$18.00 for each existing brother (except life members, juniors, nationally approved honorary members and real sons). Juniors also do not receive the BANNER, unless they pay for a subscription. Juniors will automatically be upgraded to member in the National database on their 14th birthday, if their date of birth has been reported.

PRO-RATED PER CAPITA - The following is a handy reference:

New Brother (Jan to Mar) - \$5.00 application fee + \$18.00 per capita = \$23.00

New Brother (Apr to Jun) - \$5.00 application fee + 13.50 per capita = \$18.50

New Brother (Jul to Sep) - \$5.00 application fee + 9.00 per capita = \$14.00

New Brother (Oct to Dec) - \$5.00 application fee + 4.50 per capita = \$9.50

Junior - \$5.00 application fee and no per capita

Reinstated brother - \$18.00 per capita regardless of time of year.

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Pro-rated Per Capita is calculated upon date of election, not when the Form 30 is sent in.

OLD FORMS: Please – Please use the current edition of the forms. They are available on the Order's web site. If you have a problem getting the current form from the website, please contact the National Executive Director, who will gladly mail to you the proper form. Every Commander-in-Chief for the last several years has included in his General Orders, the requirement that only current forms be used. It will make the job at Department and National so much easier. Remember, someday, that may be you!

JUNIORS – The number of Juniors enrolled is reported in special boxes only and not in the area where per capita is calculated. Please be sure that applications for each Junior include a date of birth, so they can be automatically upgraded to member when they reach appropriate age.

DATE OF DEATH – Please be sure to include the date of death for deceased Brothers. The National Chaplain needs this information and will really appreciate it.

DUAL MEMBERS – Please be sure to include all Dual Members within the Department to include the Camp Name & Number as well as the Department to which he belongs. This will assist the National Organization in tracking our Dual Membership.

GENERAL REQUIREMENTS

Please be sure the name of the Camp and Department are on each application form submitted.

Please use brother's proper name in all reports, not nicknames.

We hope you find this information useful and helpful in the performance of your duties. We believe this reporting system will save us all a lot of time and effort, facilitate the sharing of accurate information and result in more efficient operation. It is important the Department officers understand this form and use it correctly, so if you have any questions, please do not hesitate to contact the Executive Director or National Secretary for assistance. If you have any suggestions to improve this process, we would love to hear from you.