



MILITARY ORDER OF THE PURPLE HEART AUXILIARY

MEMBER VERIFICATION REPORT MUST BE RECEIVED BY OCTOBER 1 REPORTING YEAR 20__ - 20__

The following information is based upon the Unit Membership Roster as of June 30th. All members are verified as being members of the Unit except those listed below.

Please state reason for exception: Deceased; Transferred; Other. Please provide date of **death or transfer**. Use additional pages if needed.

UNIT # _____ STATE _____ REGION _____

Member#	Member Name	Reason for Exception	Date of Exception

Summary of Members:

Number of **Regular Members*** _____
 Number of Junior Members _____
 Number of Associate Members _____

TOTAL MEMBERSHIP _____

I certify that I am the Secretary of Unit # _____ The above information is correct as of June 30th, 20_____
 All exceptions have been noted.

Signature: _____ Print Name: _____ Date _____

PLEASE USE BLACK INK TO COMPLETE ALL FORMS

1. Make four copies of this report. This form must be received by the National Membership Officer, with a copy to the National Secretary, by **October 1st** of each year. Name and address/email may be obtained from the Purple Heart magazine.
2. Unit Secretary must sign and date form. Keep one copy for Unit records and provide one copy to Dept.
3. *Membership Rebates are based upon the number of **Regular Members** as of June 30th of each year.
4. Membership Verification Report is **ONE** of four requirements to qualify for a Membership Rebate. The following additional reports are required: National Finance Report and Filing of IRS Form 990, both due by October 1st. The Unit Installation Report must have been submitted by May 31st.
5. NO rebates are paid to Departments for non-compliant Units.