



**ASSOCIATE MEMBERSHIP APPLICATION FORM
8TH Cavalry Regiment Association**



**Mail to: Secretary, 8th Cavalry Association
1008 Ironsides Ave
Melbourne, FL 32940
Secretary11@8Cavalry.org**

(Please Type or Print - Those items shown with asterisk * indicates required)

* Name: _____ *Spouse (if married) _____

*Have you had past military service?: (___)Yes (___) No

*If "Yes", did you receive an Honorable Discharge"? (___)Yes (___)No

*Did you ever serve on active duty with the 8th Cavalry Regiment? (___) Yes (___) No

Please note: If your answer is yes do not use this form. You must use the application form for a Regular Membership.

*Street Address: _____

*City, State, Zip: _____

*Area Code and Phone Number: _____

E-Mail Address (desired, but optional) : _____

***I (___) DO (___) NOT** authorize release of my limited information to other members of the association.

***I (___) DO (___) NOT** authorizing adding my limited information to our internet membership roster. Before deciding this point, check out <http://www.8Cavalry.org/7lmqmart.htm> for content. Thank you.

Personal Information/Comments (suggested but optional), such as a brief bio, special interests, achievements, avocation(s), etc. (Please continue on back of the form if you desire)_

DUES INFORMATION

Annual Dues: \$7.00 per year - 1 January thru 31 December effective January 1, 2008

Make (check or MO) Payable to: 8th Cavalry Regiment Association. Mail to Secretary at address above.

***SIGN AND DATE** _____
(Signature)

* _____
(Date)