



**PAID UP FOR LIFE (PUFL)  
MEMBERSHIP APPLICATION FORM**  
8<sup>TH</sup> US Cavalry Regiment Association  
**Mail to: Secretary, 8<sup>th</sup> Cavalry Association**  
5369 Aquarius St., SW  
Canton, OH 44706-5504  
[Secretary@8Cavalry.org](mailto:Secretary@8Cavalry.org)



(Please type or print - Asterisk \* indicates required)

**Please Note:** Your completed PUFL Application form and payment should be accompanied by an updated or new Membership Application form (the appropriate Regular or Associate application form). **Only current members in good standing or new members are eligible to apply for a PUFL membership.** Information is required for line items shown with an asterisk.

\*APPLICANT'S NAME \_\_\_\_\_

\*CURRENT MAILING ADDRESS \_\_\_\_\_

\*CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

\*TELEPHONE # ( ) \_\_\_\_\_ DATE OF BIRTH \_\_\_\_\_ PUFL Fee \$ \_\_\_\_\_  
(Per Rate Schedule Below)

\*Method of Payment: ( ) Check ( ) Money Order  
(Please do NOT send cash. The Association does NOT have credit card processing capability.)

\* \_\_\_\_\_  
Signature of Member/Applicant \_\_\_\_\_ Date \_\_\_\_\_

**Rate Schedule of PUFL Costs In Accordance With Your Age and Type Membership**

	Age Group												
	24 & Under	25-29	30-34	35-39	40-44	45-49	50-54	55-59	60-64	65-69	70-74	75-79	80 & Over
<b>Associate</b>	<b>\$150</b>	<b>\$138</b>	<b>\$125</b>	<b>\$113</b>	<b>\$100</b>	<b>\$88</b>	<b>\$75</b>	<b>\$63</b>	<b>\$50</b>	<b>\$38</b>	<b>\$25</b>	<b>\$13</b>	<b>\$0</b>
<b>Regular</b>	<b>\$300</b>	<b>\$275</b>	<b>\$250</b>	<b>\$225</b>	<b>\$200</b>	<b>\$175</b>	<b>\$150</b>	<b>\$125</b>	<b>\$100</b>	<b>\$75</b>	<b>\$50</b>	<b>\$25</b>	<b>\$0</b>

Please Note: Membership records over the many years have proven to be incomplete or inaccurate which has caused membership roster errors and returned mailings. Thus, some members are uninformed of association news and activities. Therefore it is asked that personnel who are applying for Paid Up For Life Membership also fill out and enclose an updated appropriate Regular or Associate membership form to help assure that membership records now maintained on CD's by the Association Secretary and Webmaster are correct. Thank you for your cooperation.

Membership Card # \_\_\_\_\_  
(Association will assign #)