



REGULAR MEMBERSHIP APPLICATION FORM

**8TH US Cavalry Regiment Association
Mail to: Secretary, 8th Cavalry Association**

**5369 Aquarius St., SW
Canton, OH 44706-5504**

Secretary@8Cavalry.org



(Please type or print - Asterisk * indicates required)

* Name: _____ *Spouse's Name (if married): _____

* Your Date of Birth: _____ *Last Rank Held: _____ *Military Retired: ()Yes ()No

* Street Address: _____ *City _____ *ST _____ *Zip Code _____

* Area Code and Phone Number: _____ Additional Number _____

* I was assigned or attached to the 8th Cavalry Regiment from _____ to _____ (Month-Year)

* In what 8th Cavalry Unit(s)? _____ In what division? ()1 Cav Div, ()3 Arm Div, ()3 Inf Div,
()4 Inf Div, ()8 Inf Div, ()23 Inf Div, ()Other Div _____

* Service Era: ()Pre WWII, ()WWII, ()Japan, ()Korean War, ()Korea '57-65, ()Ft. Benning, ()Vietnam,
()Ft. Hood, ()Gulf War, ()Bosnia, ()Afghanistan, ()Iraq, * Other: _____

Your e-mail address (optional): _____

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

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

DUES INFORMATION

Annual Dues: \$15.00 per year - on a calendar year basis from 1 January thru 31 December.

Payable to: 8th Cavalry Association. Mail to the address above.

Comments (suggested but optional), such as a brief bio, special interests, achievements, avocations, etc.(please continue on the back of the form if you desire)

* Please sign & Date _____

Signature

Date