



MEMBERSHIP AWARD APPLICATION FORM

PLEASE PRINT NEATLY IN BLOCK LETTERS



1-YR ANNUAL: open to any soldier serving or having served in a combat zone (Iraq) with the 14th Cavalry or attached unit.

3-YR ANNUAL: open to any soldier wounded in action meeting the specific criteria of AR 600-8-22 while a member of the 14th Cavalry or attached unit.

LIFE: open to any soldier whose wounds received in a combat zone are so severe as to result in medical retirement or separation from the service.

Recipient General Information					
Recipient Name (last-first, middle):			Nickname:		Date of Birth:
Address:			Address Line 2		
City:		State:	ZIP:		Spouse's Name:
Home Phone (w/Area Code)		Cell Phone (w/Area Code)		Email Address:	
<input type="checkbox"/> USA	<input type="checkbox"/> USAR	<input type="checkbox"/> ARNG		Other Service or Component	
Present Unit Assignment			Duty Position:		Rank:
Troop/Company	Squadron	Previous Duty/Functions		Inclusive Dates Assigned or Attached	
Application for: <input type="checkbox"/> 1-Year Annual Award <input type="checkbox"/> 3-Year Annual Award <input type="checkbox"/> Life Award.					
If application is for 3-year Annual Membership Award, please provide identifying data of witness or sponsor and nature of wounds					
Printed Name		Rank & Component	Title or Position	Description of wound (s)	
If application is for Life Membership Award, please provide identifying data of witness or sponsor and date/place of separation or retirement.					
Printed Name		Rank & Component	Title or Position	Date, Place, and type of separation:	

My signature below certifies that the information provided above is true and correct to the best of my knowledge. I am also enclosing a donation of \$_____ to further the objectives of the Association (**Not required**). The 14th Cavalry Association is a 501 (c) (19) non-profit corporation. I understand the postal and e-mail addresses may be released to other members of the Association.

Recipient Signature: _____ Date: _____

Witness/Sponsor Signature: _____ Date: _____

**Or mail to: 14TH Cavalry Association
PO Box 56281 Portland OR 97238-6281**

Questions? Write to the above address or E-mail to: opcen@14cav.org