



# ONLINE MEMBERSHIP APPLICATION

**FILL IN ONLINE, PRINT, AND MAIL**



**REGULAR** membership is open to all who served in the 14<sup>th</sup> Cavalry, 1901 to date, or with units attached to it.

**ASSOCIATE** membership is open to spouses, widows, and widowers of persons eligible for regular membership.

**DUES:** Lifetime membership: \$140. Single year membership: \$14. There are no dues for associate members. Additional contributions from regular and associate members are greatly appreciated.

General Information				
Served with: <input type="checkbox"/> 14 <sup>th</sup> Cav Regt (Horse) <input type="checkbox"/> 14 <sup>th</sup> Cav Grp <input type="checkbox"/> 14 <sup>th</sup> Constabulary Regt. <input type="checkbox"/> 14 <sup>th</sup> Armored Cav Regt. <input type="checkbox"/> 14 <sup>th</sup> Cav Sqdn-RSTA				
Applicant 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:		
Active Duty Personnel				
<input type="checkbox"/> USA	<input type="checkbox"/> USAR	<input type="checkbox"/> ARNG	Other Service or Component	
Troop/Company	Squadron	Duty/Function	Date Assigned	ETS
<b>Retirees list retired rank and component. Veterans list title (e.g. Mr., Dr.) Associate Member Applicants list data of relative or sponsor: Rank:</b> <input type="text"/> <b>Component: e.g. USA, USA (Ret), USAR (Ret):</b> <input type="text"/>				
Name of Related 14 <sup>th</sup> Cavalry Veteran		Relationship to 14 <sup>th</sup> Cavalry Veteran <input type="checkbox"/> Spouse <input type="checkbox"/> Widow or Widower		If widowed Date of Spouse's Death:
In which Company/Troop/Battery and Squadron/Battalion (s) and for what period did you or your spouse serve?				
Sqdn & Trp/Btry/Co	From (mo. /yr.):	To (mo./yr.):	Ending rank:	Primary Duty Positions
Sqdn & Trp/Btry/Co	From (mo. /yr.):	To (mo./yr.):	Ending rank:	Primary Duty Positions
Sqdn & Trp/Btry/Co	From (mo. /yr.):	To (mo./yr.):	Ending rank:	Primary Duty Positions

I enclose \$ \_\_\_\_\_ for dues. (**\$14 annual; \$140 lifetime**) **Check or money order made payable to: 14<sup>th</sup> Cavalry Association.** I am also enclosing an additional contribution of \$ \_\_\_\_\_ to further the objectives of the Association. The 14<sup>th</sup> Cavalry Association is a 501 (c) (19) non-profit corporation. I understand sharing of my postal and e-mail addresses will be restricted to Association members.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Mail to: 14<sup>TH</sup> Cavalry Association, PO Box 56281 Portland, OR 97238-6281**

Questions? Write to the above address or E-mail to: [opcen@14cav.org](mailto:opcen@14cav.org)