



ONLINE MEMBERSHIP APPLICATION

FILL IN ONLINE, PRINT, AND MAIL



REGULAR membership is open to all who served in the 14th 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 donations from regular and associate members are greatly appreciated.

General Information					
Served with: <input type="checkbox"/> 14 th Cav Regt (Horse) <input type="checkbox"/> 14 th Cav Group <input type="checkbox"/> 14 th Constabulary Regt. <input type="checkbox"/> 14 th Armored Cav Regt. <input type="checkbox"/> 14 th Cavalry (RSTA)					
Applicant Name (last, first, middle initial):			Name Suffix	Nickname:	DOB (mo/day/yr) :
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	Present Rank
ETS					
Retirees, Veterans, and Associate Member Applicants					
Retirees list retired rank, component and 14 th Cav history. Rank: <input type="text"/> Component: <input type="text"/>					
Veterans List 14 th Cav history below. Associate Member Applicants list 14 th Cav history of related veteran below.					
Name of Related 14 th Cavalry Veteran			Relationship to 14 th Cavalry Veteran		If deceased, date of veteran's Death:
In which Company/Troop/Battery and Squadron/Battalion (s) and for what period did you or your relative 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

I enclose \$ _____ for dues. (**\$14 annual; \$140 lifetime**) Check or money order made payable to: 14th Cavalry Association. I am also enclosing an additional contribution of \$ _____ to further the objectives of the Association. The 14th 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: 14TH Cavalry Association, PO Box 56281 Portland, OR 97238-6281

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