

# 6<sup>th</sup> U.S. Cavalry Association Membership Application

Annual Dues: \$15  
Lifetime Membership \$250

**Please Print or Type**

Last Name: \_\_\_\_\_

First Name: \_\_\_\_\_ Middle Initial \_\_\_\_\_

City: \_\_\_\_\_

State: \_\_\_\_\_

Zip Code: \_\_\_\_\_

Former Unit, Troop/Squadron: \_\_\_\_\_

\_\_\_\_\_

Years of Service \_\_\_\_\_

Area Code & Phone Number: \_\_\_\_\_

E-Mail Address: \_\_\_\_\_

**Make Check Payable to:** 6<sup>th</sup> Cavalry Association  
**Mail to:** PO Box 362  
Rockvale, TN 37153