



**1ST SQUADRON, 1ST CAVALRY ASSOCIATION
APPLICATION FOR MEMBERSHIP**



.....
Name: _____ **Nickname in Service:** _____

Address: _____

Phone Number: _____

Wife's Name _____

Dates Served: _____

Where Served _____

Troop/Platoon _____

Email Address _____

(Complete What Applies)

Date: _____

Membership No. _____

New Member: _____

Renewal: _____

Associate Member: _____

Same Address: _____

New Address: _____

Please submit this application with check. \$15.00 for annual dues OR \$70.00 for 5 years.

Make checks payable to: 1/1 CAV Association- Robert Johnston

**Mail to: 1st Squadron, 1st Cavalry Association, c/o Robert Johnston
1301 N. Shawano Dr
Marshfield, WI 53574-1347**

Roster of all Members, hard copy cost \$4.00

If you know of any other 1/1 CAV that served who might be interested in joining, post their name & address here. A newsletter with application will be mailed out to them.