



MEMBERSHIP APPLICATION

(mail to)

Fort Huachuca Cavalry Association

P. O. Box 1844

Sierra Vista, AZ 85636

I _____ do hereby acknowledge to have voluntarily enlisted

Print Name(s)

(applied for) _____ membership in the Fort Huachuca Cavalry

(type of membership)

Association, this _____ day of _____ 20____, to serve as a member of

the association for the period of one year (unless Lifetime membership). And I do

solemnly swear (affirm or agree) that I will abide by the Charter and By-Laws of said

Association, its ideals and principles, honestly and faithfully to best of my ability.

Lifetime membership: \$250.00

Single Membership: \$15.00

Family Membership: \$25.00

Additional Donation \$ _____

Received: \$ _____

Cash/check

Signature

Address

Email address

Telephone

Fort Huachuca Cavalry Association

Tax ID Number: 86-0653442