



**1ST SQUADRON, 1ST CAVALRY
ASSOCIATION
APPLICATION FOR MEMBERSHIP
Or Renewal
e-mail: membership@1-1cav.org**



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Name: _____ **Nickname :** _____

Address: _____

Phone Number: _____ **Wife's Name** _____

Dates Served: _____ **Where Served** _____

Troop/Platoon _____ **E-mail** _____

(Complete What Applies)

Date: _____

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

**Mail to: 1st Squadron, 1st Cavalry Association
c/o Bob Brahm
7420 North Mercer Way
Mercer Island, Washington, 98040**

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 below. A newsletter with application will be mailed out to them.