



# First Regiment West Virginia Cavalry, Inc.

## MEMBERSHIP APPLICATION

NAME:

ADDRESS:

CITY, STATE, ZIP:

PHONE:

EMAIL:

AGE:

CAVALRY:  HORSE ARTILLERY:  CIVILIAN:  MEDICAL:

EMERGENCY CONTACT:  PHONE:

NEW MEMBER SIGNATURE: \_\_\_\_\_ DATE

PARENT'S / GUARDIAN'S SIGNATURE: \_\_\_\_\_ DATE

MY CHILD IS UNDER THE AGE OF 18.  
I HEREBY GIVE MY CONSENT THAT THEY CAN JOIN THIS ORGANIZATION.

RECRUITER'S SIGNATURE: \_\_\_\_\_ DATE

YEARLY DUES \$33.00  
MINORS 17 & UNDER ARE \$20, BUT CANNOT  
JOIN WITHOUT A SUPERVISING FAMILY MEMBER  
IN THE CLUB.

MAKE CHECK OUT:  
1ST REGIMENT WV CAVALRY INC.

MAIL TO:  
ST WEST VIRGINIA CAVALRY  
ATTN: MICHAEL STEPNOWSKI  
110 MEETING HOUSE RD  
GAP, PA 17527

