

Application For Membership First Regiment West Virginia Cavalry, Inc.

PLEASE PRINT When Filling Out Application Except for Signatures

Name

Mailing Address

City

State

Zip

E- Mail

Civilian _____ Military _____ (Cavalry)

Age of Recruit/Member IF UNDER 18 _____

DATE OF ENLISTMENT: _____ / _____ / _____
Month Day Year

SIGNATURE OF ENLISTEE MEMBER

SIGNATURE OF PARENT / GUARDIAN IF MEMBER IS UNDER 18.

SIGNATURE OF RECRUITER

_____/_____/20_____
DATE SIGNED

Fill out and with Dues (\$10.00 per person per year age 13 & up)
with Check made out to: First Regiment West Virginia Cavalry, Inc.
Mail to:
First Regiment West Virginia Cavalry, Inc.
HC 59 Box 151
Petersburg, WV
26847