

BLACKHORSE ASSOCIATION MEMBERSHIP APPLICATION

UPDATE _____ NEW APPLICATION _____

FIRST NAME _____ M.I. _____ LAST NAME _____

MAILING ADDRESS _____

PHYSICAL ADDRESS (IF DIFFERENT) _____

CITY/STATE/ZIP _____ PHONE NUMBER _____ CELL PHONE _____

EMAIL ADDRESS _____

PREFER TO RECEIVE NEWSLETTERS ELECTRONICALLY (This saves Association funds) YES / NO _____

BLACKHORSE SERVICE:

UNIT _____ DATES (MO/YR to MO/YR) _____

UNIT _____ DATES (MO/YR to MO/YR) _____

UNIT _____ DATES (MO/YR to MO/YR) _____

RANK WHILE IN SERVICE _____ * HONORABLY DISCHARGED (YES/NO) _____

MEMBERSHIP OPTIONS (CHECK ONE):

CURRENT 11th ACR SOLDIER WHILE ASSIGNED: (\$0) _____

LIFE (\$200.00) _____ TRIENNIAL (covers 3 years) (\$50.00) _____

GOLD STAR LIFE ____ (NO FEE FOR FAMILY MEMBERS OF TROOPERS KILLED SERVING WITH 11ACR)

DECEASED TROOPER INFORMATION:

NAME _____ RANK _____ UNIT _____ DATE KILLED _____

I hereby authorize the release of my address, phone number, and email to other Troopers who served with the 11ACR. I also swear that the above information is true and that I will abide by the Association Bylaws if accepted for membership.

I hereby authorize the release of my address, phone number, and email to other Troopers who served with the 11th ACR

SIGNATURE _____ DATE _____

AMT \$ _____

Instructions:

Please complete all required information legibly and return this form with check or money order, payable to The Blackhorse Association, INC., (no cash please) to the following:

THE BLACKHORSE ASSOCIATION, INC.

Treasurer

PO Box 1712

Mill Valley CA 94942