

The Historic 15th Cavalry Company L, Inc.



Associate Membership Application

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone No.: _____ (H) Phone No.: _____ (W)

Email Address: _____

In case of emergency call : _____

Emergency Phone No.: _____

I confirm that if accepted for associate membership, I shall abide by the rules, by-laws and the constitution of this organization. I fully understand and agree that the Historic 15th Cavalry Company L, Inc. (A.K.A. Company L, 15th New York Volunteer Cavalry) it's members, agents and / or affiliate organizations shall not be held responsible for any death or personal injury sustained as result of activities sponsored by this organization. Nor can they be held liable for any injury, theft or loss by any reason, of any animal or personal property and I herby relieve The Historic 15th U.S. Cavalry, Company L, Inc. of such liabilities.

Dues: \$10.00 annual for insurance

Signature of Applicant: _____ Date: _____

Signature of Parent or Guardian (if under age 18): _____

Date of above Signature of, Parent or Guardian (if under age 18): _____

Signature of Sponsoring Member: _____ Date: _____