NINTH NEW YORK VOLUNTEER CAVALRY REENACTMENT REGIMENT, INC. COMPANY B

2010 APPLICATION FOR ENLISTMENT

Please type or print all information.

Name: _____
Last *First* *M.I.*

Address: _____
Street Address *Apartment/Unit*

_____
City *State* *ZIP Code*

Phone: **( )** _____ Email: _____

D.O.B. _____ Occupation: _____

Single ($18.00) _____ or Family ($36.00) _____ Membership (check one)

Additional names of participating family members under 16 as of the February meeting:

_____ _____

_____ _____

Additional names of participating family members 16 and over as of the February meeting:

_____ _____

_____ _____

I have received, read, and understand the by-laws and rules as set forth by the Ninth New York Volunteer Reenactment Regiment, Inc., and agree to uphold and abide by the same.

Signature of applicant:

_____

Please make checks payable to: 9th NY Cavalry. Send completed form and payment to:

9th NY Cavalry
c/o Jim Hurley
207 Prospect Avenue
Hamburg, NY 14075