

Membership Application

1ST STUART HORSE ARTILLERY BATTERY OF VIRGINIA

Headquarters, c/o Dave Loker, 674 Mayland Rd., Broadway, VA 22815

Please print

Name (Last) _____ (First) _____ (MI) _____

Address _____

City _____ State _____ Zip _____

Date of birth _____ Weight _____ Height _____ Ft _____ In _____

Email address _____

Phone # (H) _____ (W) _____ (Ext) _____

Cell # _____ Occupation _____

Spouse's name (Last) _____ (First) _____ (MI) _____

Spouse's date of birth _____

Children(s) name(s)

#1 _____ Date of birth _____

#2 _____ Date of birth _____

Any medical problems _____

In case of emergency, contact _____

*All information will be kept in strict confidence and will not be released or sold.

BATTERY USE ONLY

Recruiter _____ Date joined _____

Amount of due paid \$ _____ Event fees paid \$ _____