BLACKHORSE ASSOCIATION MEMBERSHIP APPLICATION

Ţ	JPDATE	_ NEW	APPLICAT	TON				
FIRST NAME	M.I.	LA	ST NAME _					_
COMPANY NAME (FOR CORPORATE A	PPLICATION	N'S ON	LY)					_
CORPORATE – PLEASE INDICATE IF Y (PLEASE INSURE YOU PROVID								
MAILING ADDRESS		Λ		100				_
PHYSICAL ADDRESS (IF DIFFERENT)	21				7/			_
CITY/STATE/ZIP						11		
PHONE NUMBER		CEL	L PHONE _					_
EMAIL ADDRESS								<u></u>
PREFER TO RECEIVE NEWSLETTERS E	ELECTRONIC	CALLY	(This saves	Association 1	funds) Y	ES/NO	120	<u> </u>
BLACKHORSE SERVICE:								
UNITUNITUNIT	DATES	S (MO/	YR to MO/Y	R)			1	
RANK WHILE IN SERVICE	* F	HONOF	RABLY DIS	CHARGED ((YES/NC))	. 1	
MEMBERSHIP OPTIONS (CHECK ON	<u>E):</u>							
ACTIVE/VETERAN: LIFE (\$125.00)	_ANNUAL (S	\$25.00/	YR)		n. I			
CORPORATE: BASIC -\$500.00; SII	L <mark>VER -\$1</mark> ,000	.00	_; GOLD -\$	3,000.00	; PLA	TINUM	-\$5,000.00	
ASSOCIATE: LIFE (\$125.00) ANNU	UAL (\$35.00/\)	YR)	_ 1		17			
GOLD STAR LIFE (NO FEE FOR FA	AMILY MEM	BERS (OF TROOPI	ERS KILLEI	D SERVI	ING WIT	TH 11ACR)	
DECEASED TROOPER INFORMATION	: NAME			RANK	<i>U</i>	NIT	DATE KILL	ED
I hereby authorize the release of my add swear that the above information is true a	lress, phone ind that I will	numbei l abide	r, and email by the Assoc	to other Ti	roopers ws if acc	who serv epte <mark>d for</mark>	v <mark>ed with the 11th membership.</mark>	ACR. I also
SIGNATURE				DATE			AMT \$	

Instructions:

- Lifetime and Annual Memberships are open to all Troopers who served with the 11th ACR.
- Associate Memberships are open to family and friends of the Regiment.
- 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. ATTN: MEMBERSHIP P.O. Box 13291 Maumelle, AR 72113