

6th Cavalry Historical Association Membership Application

6CHA-01AUG08

Name _____ Home Phone _____
Address _____ Work Phone _____
City _____ State _____ Zip _____ Cell Phone _____
Personal Email _____ Work Email _____
Member MVPA? Y N MVPA# _____ Status Current? Y N Want to Join the MVPA? Y N
Military or Civil Service? Y N USA USN USAF USMC USCG Fire Police Medical Other _____

Military History Interests (Indicate)

Revolution	Civil War	Korea	Iraqi Freedom
Texas Independence	WWI	Vietnam	All
Spanish American	WWII	Desert Storm	Other _____

Do you wish to perform presentations of military history? Y N _____

Military Vehicles

Do you own an MV? Y N Do you wish to own an MV? Y N
What type(s) _____

Military Weapons

Do you own any? Y N Do you wish to own any? Y N
What type(s) _____

Military Uniforms

Do you own any? Y N Do you wish to own any? Y N
What type(s) _____

Military Gear & Field Equipment

Do you own any gear and/or equipment? Y N Do you wish to own any? Y N
What type(s) _____

Public & Military Presentations, Parades, Air Shows & Static Displays

Do you wish to participate in these activities? Y N
Special Notes: _____

Tactical Battle Reenactments

Do you wish to participate in these activities? Y N
Special Notes: _____

Family Activities, Campouts, Trail Rides, MV Convoys

Do you wish to participate in these activities? Y N
Special Note: _____

Membership Meeting Support, Management, Website, Newsletters, Mailings, Other

Do you wish to participate in any of these activities? Y N
Please be specific: _____

CAUTION: Convicted felons need not apply. This organization and its' members are highly involved in activities that make use of many various weapons, pyrotechnic devices, military ordnance and equipment. Many members and participants in 6th Cavalry and other associated activities are law enforcement personnel who will take action if unlawful procedures are discovered.

NOTICE: Let it be known, public and tactical battle reenactments are conducted as realistically as possible with the highest regard for safety. However, it can be a highly stressful and exhausting activity with risk. Each participant is responsible for their own health status during these activities. Real weapons, firing blanks, are used. These weapons are extremely loud and deadly up close. Noise and safety precautions are the responsibility of the participant in the vicinity of these weapons. Many field activities are held on unimproved properties where the weather, vegetation, terrain and wildlife are unpredictable. The participant will not hold the 6th Cavalry Historical Association, other participating organizations, US Government, Texas Government or Private Property Owner responsible for injuries accrued in activities held on these lands.

I also certify that I am at least 18 years old. (If under 18 years of age a Parent/Guardian Consent signature must be submitted with application. The applicant acknowledges that, although membership is not denied to those under 18 years of age, certain restrictions apply.

Annual Dues to join the 6th Cavalry Historical Association are \$20.00. These dues cover and allow the entire family within the household to enjoy and participate in 6th Cavalry promoted and sanctioned events. It is requested that when a member reaches the age of 18 (unless as a continuing education student), or becomes his or her own household, they become self paid members.

I verify that I have read and understand this document and that all information I have provided on this application is true to the best of my knowledge. I understand that a background check may be conducted via public records. I also understand the misrepresentation of facts is cause for dismissal.

_____ Applicants Signature	_____ Guardian's Signature (if applicant is under 18)	_____ Date:
_____ Applicants Printed Name	_____ Guardian's Printed Name	_____ Emergency Phone

I DO _____ I DO NOT _____ give my consent to publish the above information and make available to the 6th Cav membership.
Make your \$20 check payable to the: **6th Cavalry Historical Association.**
Mail this completed application and your check to: 6 CAV, P.O. Box 262832, Houston, Texas 77207