UNITED STATES BLACK CAVALRY FAMILY MEMBERSHIP APPLICATION

		INICINIDERSI	TIP APPLICATION	u	
	Full Legal Name:				
	Nick Name:				
UNITED SEATINGS	Full Mailing Address:	Street:			
	, naar eest.	City:		Zip:	
BLACK CAVALRY	Home:		Cell:		
VE HONOR ALL WHO SERVE	Business:		Other:		
	Email address:				
	Age:				
	Emergency contact:				
	Relationship:				
	Contact's phone #:				
	Are you applying to start a Family in your community or as an Independent looking to join an established Family?				
	Start A Family		Independent		
	Brief history of yourself or of the couple: (include any military service, current employment, and any membership in other organization or clubs). Please feel free to include additional information on a separate sheet.				

Yes	No	
Do you curren	tly own a motorcycle?	
Yes	No	
If so, please p	rovide info below:	
Year:	CCs:	Color:
Туре:		Model:
Are you a four	wheeler (Foot Soldier))?
Yes	No	
States Black C		coming a member of the United
the property o		tch/Colors purchased by me are be returned to the organization her than retirement.
Signature:		
Date:		

Are you legally licensed to operate a motorcycle?

Please print this form and FAX to: 866-850-4461 or Email to: TC@USBCF.com or Sunny@USBCF.com