



**THOROUGHBRED CHAPTER  
MEMBERSHIP REQUEST APPLICATION**

Name \_\_\_\_\_ Date of Birth \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone Number \_\_\_\_\_ Alternate Number \_\_\_\_\_

Email Address \_\_\_\_\_

Date of Commission \_\_\_\_\_ Governor \_\_\_\_\_

Are you a member of any other Kentucky Colonels Chapter(s)? ☐ Yes ☐ No

If so, which one(s)? \_\_\_\_\_

Are you interested in serving on the Board? ☐ Yes ☐ No

Are you interested in serving on a committee? ☐ Yes ☐ No

Do you have any specific talents or abilities that can help the Chapter? ☐ Yes ☐ No

If so, what are they? \_\_\_\_\_

Do you belong to any other organizations, clubs, fraternal groups? ☐ Yes ☐ No

Military service? Y N    Veteran    Active    Reserves    Branch \_\_\_\_\_

Signed \_\_\_\_\_ Date \_\_\_\_\_

**Please return your completed application by scan or photo with a copy of your current year  
membership card to [Chapter@tchokc.org](mailto:Chapter@tchokc.org)**