

Membership Application

Application to Join the 4th Ohio Volunteer Cavalry Descendants Association

1. Please enroll me in the 4th Ohio Volunteer Cavalry Descendants Association (check one):

Single membership (annual dues of \$10.00)

Family membership (annual dues of \$15.00 – NOTE: only to include family members residing at the same household/address)

2. Person applying is (check one):

Descendant of 4th Ohio Volunteer Cavalry soldier

Spouse of a Descendant

Other (specify) _____

3. Please complete the following:

a. _____

Full Name: Mr./Mrs./Miss/Ms.

b. _____

Street Address or P.O. Box

c. _____

City/State/Zip Code

d. _____

E-mail address/Web Page

e. If family membership, list other names of family members here (spouse first if applicable):

f. Name of your ancestor who was a member of the 4th Ohio Volunteer Cavalry

g. Ancestor's Rank and Company, if known (for example, "Private, Co. B")

h. OPTIONAL: please provide a short biography of your 4th Ohio Volunteer Cavalry ancestor on the back of this form

4. MAKE DUES PAYMENT TO, AND MAIL THIS APPLICATION TO:

Kathy Popham, Secretary/Treasurer
4th Ohio Volunteer Cavalry Descendants Association
1149 Gregory Valley Drive
Sevierville, Tennessee 37876-0594

(All money collected is used to locate unmarked graves of the members of the 4th Ohio Volunteer Cavalry and place headstones on them so our ancestors have the memorial and recognition they richly deserve.)