

**Application for Membership in the  
The Skeleton Cavalry, 8<sup>th</sup> Confederate/ 7<sup>th</sup> Kentucky US**

**Name:** \_\_\_\_\_

**Address:** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Phone Number:** \_\_\_\_\_

**Email Address:** \_\_\_\_\_

**Please list spouse(s) and/or minor children who will be participating in the unit:**

\_\_\_\_\_  
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**Member Recommendations:** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

-----**Internal Use Only**-----

**Disposition** \_\_\_\_\_ **Date** \_\_\_\_\_