



## Sheldon's Horse, The Second Continental Light Dragons Membership Application

NAME: \_\_\_\_\_ AGE: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP CODE: \_\_\_\_\_

PHONE: \_\_\_\_\_

EMAIL: \_\_\_\_\_

If this is a Family Membership, please give Names. \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Reason for joining this unit? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Special Hobbies or Relevant Skills? \_\_\_\_\_

\_\_\_\_\_

Military Experience? \_\_\_\_\_

Horsemanship? \_\_\_\_\_

Please forward your application with an initiation fee of \$10.00, check made payable to:  
"Sheldon's Horse-Second Light Dragons"

Contact:

Sgt. Brian Blake  
28 Osprey Dr.  
Seymour, CT, 06483  
(860) 338-4187