



**2<sup>nd</sup> Squadron 1<sup>st</sup> Cavalry Association**

**Regiment of Dragoons**

Trooper Registration/Change of Address

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

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

**City:** \_\_\_\_\_

**State:** \_\_\_\_\_

**Zip/Postal Code:** \_\_\_\_\_

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

**Home Phone:** \_(\_\_\_\_)\_\_\_\_\_

**Cell Phone:** \_\_\_(\_\_\_\_)\_\_\_\_\_

**Spouse Name: (optional)** \_\_\_\_\_

**Service Dates (from/to) with 2/1 Cav:** \_\_\_\_\_

**Theater/Area of Operation (s):** \_\_\_\_\_

**Troop/Platoon:** \_\_\_\_\_

**Mail to:**

2/1 CAV  
P.O. Box 87  
Bay City, MI 48707-0087