***MILITARY VETERANS MOTORCYCLE ASSOCIATION***

***VETERAN’S MEMBERSHIP APPLICATION***

***MEMBERSHP TYPE: Active*** [ ]  ***Deputy Detachment*** [ ]

***SECTION 1: APPLICANT INFORMATION***

 ***NAME:******ROAD NAME:***

 ***ADDRESS:***

 ***CITY:*** ***STATE:******ZIP CODE:***

 ***PHONE:******EMAIL:***

 ***SECTION 2: MILITARY SERVICE HISTORY***

 ***BRANCH of SERVICE: VETERAN***[ ]  ***CURRENT***[ ]

 ***IF VETERAN DO YOU HAVE A DD214? YES*** [ ]  ***NO*** [ ]  ***(If yes, please provide copy for verification)***

 ***DID YOU RECEIVE AN HONORABLE DISCHARGE? YES*** [ ]  ***NO*** [ ]

 ***If NO, briefly describe type and reason:***

 ***IF CURRENT MILITARY- Have you received an ARTICLE 15? If so please describe:***

 ***SECTION 3: MOTORCYCLE INFORMATION***

 ***DO YOU CURRENTLY OWN AND OPERATE A MOTORCYCLE? YES*** [ ]  ***NO*** [ ]

 ***YEAR: MAKE:******MODEL:***

 ***\*You will be required to show proof of registration and insurance***

***DO YOU HAVE A VALID DRIVER’S LICENSE WITH MOTORCYCYLE ENDORSEMENT?* YES** [ ]  **NO** [ ]

 **\**You will be reqired to show proof of valid D.L. with motorcycle endorsement***

***I attest that all information provided above is true and accurate, and I agree to provide the documents required to the MVMA and/or its designee. I agree to indemnify and hold harmless the MVMA, it’s Officers, members, designees from any harm, damages, etc., to myself or my property while attending/participating in any MVMA event.***

***Applicant Signature Date***

***MVMA Official verifying documents: Signature: Title:***

**FOR *OFFICIAL* USE ONLY  *National:***

***Chapter: Membership Number:***

***Documents verified: Yes*** [ ]  ***No*** [ ]  ***Applicant meet requirements for membership applied for: Yes*** [ ]  ***No*** [ ]

***Dues collected: Yes*** [ ]  ***No*** [ ]  ***If no specify:***

***Approved: Yes*** [ ]  ***No*** [ ]  ***NBOD Approved: Yes*** [ ]  ***No*** [ ]

***Chapter Commander: National Secretary:***