***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:***