

COMBAT VETERANS MOTORCYCLE ASSOCIATION®

APPLICA	ATION FOR CVMA®	MEMBE	KSHIP (C)	HECK ONE) LIFM LISM LIAUX
Personal Information	* * * PRINT LEGIBLY * *	*		
Chapter Assignment:	Sponsor Memi		ber Number: & AUX)	
Name:	First:	Last:		Road Name:
Street Address:				
City/State/Zip Code:				
Phone Numbers:	Mobile:	Home:		Work:
E-mail Address:				
Service Information	Member Awarded: National Defense Service Medal Armed Forces Expeditionary Medal			
Military Branch:				
Combat Unit: (FM Only)				
Combat Area: (FM Only)				
Member's Ride (FM & SUP Only)	Year: Make:			
	Model: Size:			
The Following Docum	ents Must Be Verified By A Char	pter/Detachmen	t Officer Or Acc	company Application (FM & SUP Only):
□ Driver's License □	Title/Pegistration Proof of Insurance		Officer Signature:	
☐ Driver's License ☐ Title/Registration ☐ Proof of Insurance			Officer Name & Title:	
The Initials and Signatures Required Below Must be Handwritten in Ink by the Applicant				
Dues Agreement:				
due not later than June 30th of ea		over the balance of	the current year an	s deployed in a war zone will be waived. Dues for all members are ad dues will be collected again in June. Dues for all new members wing year.
Legal Agreement:				
of the Combat Veterans Motorcyc	ele Association and can only be worn by	members in good	standing, and with	e CVMA back patch or veteran's insignia is a registered trademark the permission of the CVMA. If membership is terminated for any nbat Veterans Motorcycle Association to possess the patch.
demands, actions or causes of act program, gathering or the like in	tion of any kind or character (including, connection with the Combat Veterans M	, without limitation Motorcycle Associa	, attorney fees, cost tion. I hereby under	ation and any of it's associates from all claims, losses, liabilities, its & expenses), whether known or unknown, relating to any event, rstand and agree that this Release & Waiver shall be binding upon benefit of the Combat Veterans Motorcycle Association.
I have read and understand the Bylaws, Policies, and National Protocol of the Combat Veterans Motorcycle Association, and agree to abide by them. (Sign)(Date)				
I attest that I have not been involuntarily discharged from any Riding Club, Riding Association or Motorcycle Club and am not banned from membership ("out bad"). (Sign) (Date)				
				(2) Driver's License, Title/Registration and Proof of insurance (if rriage License/Certificate, (2) Patch Agreement and (3) initial

dues.