



COMBAT VETERANS MOTORCYCLE ASSOCIATION®

APPLICATION FOR CVMA® LIFE MEMBERSHIP

Personal Information		*** PRINT LEGIBLY ***	
Member Number:		Sponsor Member Number (SM & AUX)	
Name:	First:	Last:	Road Name:
Street Address:			
City/State/Zip Code:			
Phone Numbers:	Mobile:	Home:	Work:
E-mail Address:			

Required Attendance Criteria:		<ul style="list-style-type: none"> - Three consecutive years of membership in good standing going back from the date of this application. - The member must have attended a CVMA sanctioned event in each of the three years. - At least one event listed below must be an attended National Meeting and more than one may be used. - Sanctioned event attendance must have been entered in the member's 201 file within six months of the event. 	
YEAR 1:	Sanctioned Event:		Date:
YEAR 2:	Sanctioned Event:		Date:
YEAR 3:	Sanctioned Event:		Date:

The Initials and Signatures Required Below Must be Handwritten in Ink by the Applicant

Dues Agreement:		INITIALS
The fee for Life Membership is ten times the cost of annual National dues. This is not refundable for any reason.		

Legal Agreements:		INITIALS
The emblem / logo used by the Combat Veterans Motorcycle Association is the sole property of the CVMA. The CVMA back patch is a registered trademark of the Combat Veterans Motorcycle Association and can only be worn by members in good standing and with the permission of the CVMA. If membership is terminated for any reason you must immediately turn the patch into an association officer or have written permission from the Combat Veterans Motorcycle Association to possess the patch.		

I do hereby fully and unconditionally release and forever discharge the Combat Veterans Motorcycle Association and any of it's associates from all claims, losses, liabilities, demands, actions or causes of action of any kind or character (including, without limitation, attorney fees, costs & expenses), whether known or unknown, relating to any event, program, gathering or the like in connection with the Combat Veterans Motorcycle Association. I hereby understand and agree that this Release & Waiver shall be binding upon me, my executors, administrators, representatives, collectors, heirs, successors & assigns and shall inure to the benefit of the Combat Veterans Motorcycle Association.		INITIALS

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) _____

*** Submitted online applications must include the application form and a copy of the member's original or new patch agreement. The Life Membership fee will be payable upon initial NBOD approval. ***