

COMBAT VETERANS MOTORCYCLE ASSOCIATION

APPLIC	LATION FOR CVINIA	MEMIDERSHIP	(CHECK ONE) LIFM LISM LIAUX
Personal Information	Please Print Clearly		
Chapter Assignment:		Sponsor Member Numb	er:
Name:	First:	Last:	Road Name:
Street Address:			
City/State/Zip Code:			
Phone Numbers:	Mobile:	Home:	Work:
E-mail Address:			
Service Information	Member Awarded: Nation	al Defense Service Medal	Armed Forces Expeditionary Medal
Military Branch:			
Combat Unit: (FM Only)			
Combat Area: (FM Only)			
Member's Ride	Year:		Make:
(FM & SUP Only)	Model: Size:		
The Following Doc	uments Must Be Verified By A	Chapter/Detachment C	fficer Or Accompany Application (FM & SUP Only):
☐ Driver's License ☐ Title/Registration ☐ Proof of Insurance		Officer Signature:	
		Officer Name & Title:	
Dues Agreement: (Pen & Ink Initials Required All Members)			
due not later than June 30th of ea		over the balance of the current y	
Legal Agreement: (Pen & In	nk Initials and Signatures Required A	ll Members)	
The emblem / logo used by the C of the Combat Veterans Motorcyc	ombat Veterans Motorcycle Association cle Association and can only be worn by	is the sole property of the CVM members in good standing, and	A. The CVMA back patch or veteran's insignia is a registered trademark with the permission of the CVMA. If membership is terminated for any le Combat Veterans Motorcycle Association to possess the patch. (Initial)
demands, actions or causes of act program, gathering or the like in	tion of any kind or character (including, connection with the Combat Veterans N	without limitation, attorney fee Motorcycle Association. I hereby	Association and any of it's associates from all claims, losses, liabilities, s, costs & expenses), whether known or unknown, relating to any event, v understand and agree that this Release & Waiver shall be binding upon to the benefit of the Combat Veterans Motorcycle Association. (Initial)
I have read and understand th (Sign)	•		ns Motorcycle Association, and agree to abide by them.
(Sign)(Date)(Date)			
("out bad"). (Sign)(Date)			
			iver's License, Title/Registration and Proof of insurance (if not verified cense/Certificate, (2) Patch Agreement and (3) initial dues.