

PURPLE HEART RIDERS ASSOCIATION
MEMBERSHIP APPLICATION
COMPLETE AND EMAIL TO: PURPLE
HEART RIDERS ASSOCIATION
leadership@purpleheartriders.org



NATIONAL OFFICE CHECK LIST:
 VERIFIED PHM RECIPIENT: _____
 VERIFIED MOPH MEMBER: _____
 VERIFIED VA PH DESIGNATION: _____
 DD 214 RECEIVED: _____
 OTHER DOCUMENTATION: _____
 MEMBER # ASSIGNED: _____
 AUTHENTICATING NATIONAL PHRA OFFICER: _____

MEMBERSHIP FEE: \$80.00

THE PURPLE HEART RIDERS ARE A BROTHERHOOD OF COMBAT WOUNDED MOTORCYCLE RIDERS

Membership in the Purple Heart Riders is restricted to those American Military Veterans who have been awarded the Purple Heart Medal for Wounds received in Combat. You are eligible to become a member of this very restricted and prestigious organization of motorcycle riders that wear our Colors by the very fact that you were Wounded-in-Action, received the Purple Heart Medal and own and ride a Motorcycle of 500cc or greater. Upon verification of your Award and approval by the National Board, you will be vested as a full member with all rights and privileges of general membership. You must understand and appreciate that we verify that you are indeed a recipient of the Purple Heart Medal and it is a requirement you submit a copy of your DD214 demonstrating the Award. The Purple Heart Riders is a 501 (c)(3)

PRINT YOUR FULL NAME		WHAT IS YOUR 'HANDLE' OR NICK-NAME		YOUR DATE OF BIRTH/AGE	
PERMANENT RESIDENTIAL ADDRESS		CITY		STATE ZIP CODE	
PREFERRED TELEPHONE NUMBER OF CONTACT		CELL NUMBER		BUSINESS NUMBER	
E-MAIL ADDRESS (IMPORTANT FOR NOTIFICATIONS AND ADMINISTRATIVE UPDATES)		@		OTHER E-MAIL ADDRESS	
BRANCH OF MILITARY: <input type="checkbox"/> US ARMY <input type="checkbox"/> US MARINE CORPS <input type="checkbox"/> US NAVY <input type="checkbox"/> US AIR FORCE <input type="checkbox"/> US COAST GUARD <input type="checkbox"/> US MERCHANT MARINE CONFLICTS YOU WERE ENGAGED IN: <input type="checkbox"/> WWII <input type="checkbox"/> KOREA <input type="checkbox"/> VIETNAM <input type="checkbox"/> BEIRUT <input type="checkbox"/> SOMALIA <input type="checkbox"/> IRAQ I <input type="checkbox"/> IRAQ II <input type="checkbox"/> AFGHANISTAN					
DATE OF PURPLE HEART MEDAL (WHEN WOUNDED)		WHICH CAMPAIGN OR ENGAGEMENT		NUMBER OF AWARDS	
DATES OF SERVICE		RANK/RATE AT DISCHARGE/RETIREMENT		SERVICE #/SSN (FOR ASSOCIATION PURPOSES ONLY)	
MOPH #		VA CARD # (PH DESIGNATION)		VA CLAIM # (IF ANY)	

One of the following documents must be submitted with the Membership Application. Active Duty please submit a copy of Orders awarding the PHM. If you are a Veteran, please submit your DD214 which must demonstrate the award of the Purple Heart Medal and that your Service was Honorable. The Purple Heart Certificate does not alone constitute proof of the award (because they are commercially available without proof of the award). List documents submitted:

☐ DD214 W/PHM AWARDED ☐ DD215 ☐ WD AGO 53-55 ☐ GENERAL ORDERS ☐ LETTER OF TRANSMITTAL

DRIVERS LIC #		STATE OF ISSUE		MOTORCYCLE ENDORSEMENT (IF REQUIRED)		CONCEALED HANDGUN PERMIT		STATE OF ISSUE	
MAKE OF MOTORCYCLE		MODEL		YEAR		CI/CC		LICENSE PLATE	
								STATE OF REGISTRATION	

I hereby apply for the Purple Heart Riders Association and agree to abide by all Association Rules and By-Laws. I understand that the Colors/Back Patch and any item displaying the official logo of the Association are proprietary images. Colors are 'awarded' as a Privilege of Membership but remain the property of the Association and must be returned upon demand or resignation. I apply for:

☐ Full Member Status: I attest that I am a Recipient of the Purple Heart Medal and own/ride a motorcycle/trike of at least 500cc.

☐ Associate Member Status: I attest that I am a Recipient of the Purple Heart Medal but because of wounds sustained in combat, service connected disabilities or other post service disabilities I am rendered unable to operate a motorcycle. I have provided medical documentation of my disabilities with this application understand my statue must be verified and approved by a National Officer.



SIGNATURE OF APPLICANT

DATE OF APPLICATION

APPLICANT SPONSORED BY PHRA MEMBER