



COMBAT VETERANS MOTORCYCLE ASSOCIATION®

Chapter Relocation Request (CRR) Form

Chapter Number:

Current Chapter Location:

Requested Chapter Location:

Provide a reason for the Chapter relocation request below:

Adjacent Chapters/Detachment within the State from requested location:

Chapter/Det #	Address	Ride Time	Distance

NOTE: Changing the principal office address in the Chapter bylaws due to an officer change is not sufficient reason to change the Chapter location in the CVMA® database.

In endorsing this request the signatory affirms this information is accurate and complete

	Name	Signature	Date
Unit Commander	<input type="text"/>	<input type="text"/>	<input type="text"/>
State Representative	<input type="text"/> SR Initials	<input type="text"/>	<input type="text"/>
Regional Representative	<input type="text"/> RR Initials	<input type="text"/>	<input type="text"/>

This form is intended to be a digital tracking form. Typed SR and RR initials will be accepted when sent via email registered with the CVMA. The transmission of this form affirms the accuracy and completeness of the request by the State and Regional Representatives. This will prevent the need to print and scan the document and facilitate a more efficient process.