COMBAT VETERANS MOTORCYCLE ASSOCIATION

APPLICATION FOR CVMA MEMBERSHIP (CHECK ONE) ☐ FM ☐ SM ☐ AUX

Personal Information	Please Print Clearly		
Chapter Assignment:		Sponsor Member Number: (SM & 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 Documents Must Be Verified By A Chapter/Detachment Officer 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)**

Annual dues are **$20** for Full Members and $10 for Support and Auxiliary Members. Dues for CVMA members deployed in a war zone will be waived. Dues for all members are due not later than June 30th of each year. Dues for new members will cover the balance of the current year and dues will be collected again in June. Dues for all new members joining between 1 January 30 June will be considered as paid in full for the balance of the current year and the following year

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>>>>>>>>>>>>>>>>>>>>>>>>>>>>>> _____ (Initial) <<<<<<<<<<<<<<<<<

Legal Agreement: **(Pen & Ink Initials Required All Members)**

The emblem / logo used by the Combat Veterans Motorcycle Association is the sole property of the CVMA. The CVMA back patch or veteran's insignia 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.

>>>>>>>>>>>>>>>>>>>>>>>>>>>>>> _____ **(Initial)**<<<<<<<<<<<<<<<<<

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.

>>>>>>>>>>>>>>>>>>>>>>>>>>>>>> _____ **(Initial)**<<<<<<<<<<<<<<<<<

I have read and understand the By-Laws and CVMA National Protocol of the Combat Veterans Motorcycle Association, and agree to abide by them.

_____ (Sign) _____ (Date) <<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<

FM & SUP applications must be accompanied by the applicants (1) DD214/215 or ERB/ORB, (2) Driver's License, Title/Registration and Proof of insurance (if not verified above), (3) initial dues and (4) Patch Agreement. Aux applications must include (1) Certified Marriage License/Certificate, (2) Patch Agreement and (3) initial dues.