



COMBAT VETERANS MOTORCYCLE ASSOCIATION®

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

Personal Information	*** PRINT LEGIBLY ***		
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: <input type="checkbox"/> National Defense Service Medal <input type="checkbox"/> 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:

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

Dues Agreement:

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.

(Initial) _____

Legal Agreement:

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 its 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 Bylaws, Policies, and National Protocol of the Combat Veterans Motorcycle Association, and agree to abide by them.

(Sign) _____ (Date) _____

I attest that I have not been involuntarily discharged from any Riding Club, Riding Association or Motorcycle Club and am not banned from membership ("out bad"). (Sign) _____ (Date) _____

FM & SUP applications must be accompanied by the applicant's (1) DD214/215 or active duty service record, (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.