APPLICATION FOR LIFE MEMBERSHIP

Personal Information:	PLEASE PRINT CLEARLY, WITHOUT FANCY FLOURISHES THAT MAKE IT DIFFICULT TO READ
Member Number:	
Name:	First Last Road Name:
Home street address:	
Home City/State/Zip:	
Phone numbers:	Mobile Home Work
Email address:	

REQUIRED ATTENDANCE:	
National Meeting:	Year _____ Year _____ Year _____
Sanctioned Event #2:	Year _____ Event _____
Sanctioned Event #3:	**Year** _____ **Event** _____

Member's Ride:	REQUIRED FM ONLY
Year:>>>>>>>>>>>>>>>	Model:
Make:>>>>>>>>>>>>>>>	Size:
	THE FOLLOWING DOCUMENTS MUST BE VERIFIED BY A CHAPTER OFFICER OR ACCOMPANY APPLICATION
Driver License	Signature of chapter member: PRINT NAME
Insurance	Signature of chapter member: PRINT NAME
Title/Reg	Signature of chapter member: PRINT NAME

Dues: **INITIALS REQUIRED**

Cost for LIFE membership is **$200** for Full Members and **$100** for Auxiliary Members. If a LIFE member resigns for any reason, or the member is removed for any reason from the CVMA rolls, no refunds will be made.

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Legal: **INITIALS REQUIRED**

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. DO NOT MAIL PATCH AGREEMENT

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

The completed application must be accompanied by your driver's license, title/registration, proof of insurance (if not verified above) and a ***check or money order*** ***(NO CASH)*** made payable to: **"CVMA"**

COMBAT VETERANS MOTORCYCLE ASSOCIATION

Please mail to:	CVMA State Rep.	Do not write in this space
Do not write in this space	KURT MERRIMAN 13 Bailey St Springfield VT, 05156 802 558-8822 **By submitting application to the NSEC, State Rep acknowledges that the applicant meets the requirements for membership set forth in the by-laws.**	
New Member Number:		Payment Information: