



# COMBAT VETERANS MOTORCYCLE ASSOCIATION

## VERMONT CHAPTER 26

<http://combatvet.org>  
<http://vt.combatvet.org>

**VETS FOR VETS**



Name\_\_\_\_\_

Address\_\_\_\_\_

City: \_\_\_\_\_ .ST. \_\_\_\_\_ Zip\_\_\_\_\_

Telephone: \_\_\_\_\_ Road name\_\_\_\_\_

E-mail\_\_\_\_\_

DOB: Month\_\_\_\_\_ Day\_\_\_\_\_ Year\_\_\_\_\_

Full Membership\_\_\_\_\_ Supporter \_\_\_\_\_ (Must Be a Veteran)

Aux. Membership\_\_\_\_\_ (Must be the Spouse or a Widow of a Combat Vet)

Sponsor\_\_\_\_\_ {For Supporters Only}

Make, Model and Engine Size of Motorcycle\_\_\_\_\_

Service information {please check one}

Army\_\_\_\_\_ Navy\_\_\_\_\_ Marine Corps\_\_\_\_\_ Air Force\_\_\_\_ Coast Guard\_\_\_\_\_

Comments: Use the below space to describe any information you think will help process your application.

\_\_\_\_\_  
\_\_\_\_\_

If you are a Combat Vet having served in the United States Armed Forces and ride a motorcycle as a hobby you could be eligible for membership in the CVMA. The annual full membership dues are \$15.00, support and auxiliary \$10.00. If you have read and agree to our Protocol 101 and our By-laws, then sign and date this application and send it along with your DD-214 and a check to:

Bruce Bennett  
CVMA Vt. St. Rep.  
487 Colonial Dr.  
White River Junction Vt. 05001

Phone 802-295-4922  
Email [bsben0827@aol.com](mailto:bsben0827@aol.com)

Signed\_\_\_\_\_ Date\_\_\_\_\_

