APPLICATION FOR FULL MEMBERSHIP Personal Information: PLEASE PRINT CLEARLY, WITHOUT FANCY FLOURISHES THAT MAKE IT DIFFICULT TO READ				
Personal Information: Chapter Assigned:		Vientor FM# & Name:	T FANCY FLOORISHES THAT MAKE IT DIFFICE	ULI TO READ
Name:	First	Last	Road Name:	
Home street address:	11130		noud name.	
Home City/State/Zip: Phone numbers:	Mobile	Home	Work	
Email address:	Mobile	nome	WOIK	
Service Information: Branch:	REQUIR	RED - APPLICANT MUST	FILL IN, DO NOT USE "SEE DD214"	
Deployment Unit:				
Combat area (country):				
Member's Ride: REQUIRED Year: Model:				
Make:	Size:			
iviane.	THE FOLLOWING DOCUMENTS MUST BE VERIFIED BY A CHAPTER OFFICER OR ACCOMPANY APPLICATION			
Driver License	Signature of chapte		PRINT NAME	AIT ATTECATION
Insurance	Signature of chapter member: PRINT NAME			
Title/Reg	Signature of chapt		PRINT NAME	
Dues: INITIALS REQUIRED				
Annual dues are \$20 for Full Members. Dues for CVMA members deployed in a war zone will be waived. Dues for all members are due by 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 after January 1st will be considered as paid in full for the balance of the current year and the following year >>>>>>>>>> (Initial) <<<<<<<<				
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 of the CVMA. In Membership is terminated for any reason you must immediately turn the patch into an association officer of 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.				
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 (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 (1) DD-214, DD-215, ERB, or ORB, (2) driver's license, title/registration, proof of insurance (if				
not verified above) and (3)a <u>check or money order</u> (NO CASH) made payable to: CVMA				
COMBAT VETERANS MOTORCYCLE ASSOCIATION Do not write in this				
	Please mail		Rep	space
Do not write in this space		Kurt Merriman		-
		13 Bailey Stree		-
		Springfield, Ver	mont 05156	-
		(802) 558-8822		
New Memb	er Numher			Payment Information:
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