



**APPLICATION FOR MEMBERSHIP**

Personal Information: For AUX or SUP

Member Type:		Sponsor Name, FM #:	
First Name:			
Road Name:			
Last Name:			
e-mail address:			
Home Phone:			
Mobile Phone:			
Work Phone:			
Address 1:			
City:			
State:		Zip:	

**Service Information:**

Branch:			
Unit Deployed with:			
Date of Deployment:			
Date of Redeployment:			
Combat Area:			

**Dues:**  
 Annual dues of **\$20** for Full Members and **\$10** for Support or Auxiliary 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)

**Member's Ride:**

Year:		Model:	
Make:		Size:	

**Legal:**

The emblem / logo used by the Combat Veterans Motorcycle Association is the sole property of the CVMA. The CVMA back patch or veterans 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 Protocol 101 of the Combat Veterans Motorcycle Association, and agree to abide by them.  
 \_\_\_\_\_ (Sign) \_\_\_\_\_ (Date)

The completed application must be accompanied by your DD-214 or ERB, and a **check or money order (NO CASH)** made payable to:

**COMBAT VETERANS MOTORCYCLE ASSOCIATION**

<b>Please mail to:</b>	Bobby "Sensei" Dickerson - AZ State Rep	Do not write in this space
Do not write in this space	757 West Cholla Crest	
	Green Valley, AZ 85614	
	520-668-4831      rockdo@cox.net	
	Per information provided, State Rep acknowledges that the applicant meets the requirements for membership set forth in the by-laws.	
New Member Number:	SR Signature & Date:	Payment Information: