APPLICATION FOR SUPPORT MEMBERSHIP						
Personal Information:	PLEAS	E PRINT CLEA	RLY, WITHOU	UT FANCY FLOURISHES THAT MAKE IT DIFFICULT TO READ		
Chapter Assigned:		Sponsor FM	# & Name:			
Name:	First		Last		Road Name:	
Home street address:						
Home City/State/Zip:						
Phone numbers:	Mobile		Home		Work	
Email address:						
Service Information: REQUIRED - APPLICANT MUST FILL IN, DO NOT USE "SEE DD214"						
Branch:						
Member's Ride: REQUIRED						
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				NAME	
<u>Insurance</u>	Signature of chap	oter member:		PRINT		
Title/Reg	Signature of chap	oter member:		PRINT NAME		
Sponsor initials verify: miles ridden together, months known or events attended						
Dues: INITIALS REQUIRED						
Annual dues are \$10 for Support Members. Dues for all members are due by June 30th of each year. Dues for new members will be called a paid in full for the						
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 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.						
Linear and and understand the Dy Louis and CVMA National Protects of the Compat Victorians Materials Association, and agree to child by them						
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 to	Royce	e Gator Canno	n		space
Do not write	in this space		Representati	ve		
			Box 1232			
		Picay	une MS. 3946	66		
					Rep acknowledges that the ship set forth in the by-laws.	
New Membe	er Number:					Payment Information: