



APPLICATION FOR **SUPPORT** MEMBERSHIP

Personal Information: **PLEASE PRINT CLEARLY, WITHOUT 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

Insurance Signature of chapter member: PRINT NAME

Title/Reg Signature of chapter 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.

Legal: INITIALS REQUIRED

The emblem / logo used by the Combat Veterans Motorcycle Association is the sole property of the CVMA.

I do hereby fully and unconditionally release and forever discharge the Combat Veterans Motorcycle Association and any of its associates from all claims, losses, liabilities, demands, actions or causes of action of any kind or character.

I have read and understand the By-Laws and CVMA National Protocol of the Combat Veterans Motorcycle Association, and agree to abide by them.

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 check or money order (NO CASH) made payable to: "CVMA"

COMBAT VETERANS MOTORCYCLE ASSOCIATION

Please mail to: Royce Gator Cannon State Representative P.O. Box 1232 Picayune MS. 39466 Do not write in this space Payment Information: