MEMBER PATCH AGREEMENT

Member Name: ______________________________ Member Number: _______

Patch Type: _____Full _____Auxiliary _____Supporter

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.

Patches will be signed for, and initialing each line item will signify acknowledgment of the following items.

________________ All back patches will be ordered by the State Rep or State Quartermaster AFTER new member signs acknowledgement and remits usage fee.

________________ Member may not possess more than 2 patches at any time.

________________ Patches are property of the CVMA and must be returned when requested by the BOD or its duly authorized agent.

________________ Each back patch requires a usage fee of an amount equal to the manufacturing and delivery cost. This cost is currently $37.50. The CVMA is providing it for you to wear. It remains CVMA property at all times.

________________ Fee is ONLY refundable within the first 6 months at the discretion of the BOD with input from the member’s State Rep.

________________ Refund shall be pro-rated. No refunds after 6 months.

________________ Patches will be returned to the CVMA immediately upon termination of membership.

________________ Members who retire under provisions set forth in the CVMA Bylaws may retain their patch.

By signing below I agree to the terms and conditions established for wear and possession of the Combat Veterans Motorcycle Association Member back patch. I further understand that failure to follow these conditions could result in legal action against me for the return of all CVMA property and payment of any and all legal fees for said legal action.

_________________________________________ Member
Signature Date

_________________________________________ Witness
Signature Date

Completed form shall be included in the membership application.