COMBAT VETERANS MOTORCYCLE ASSOCIATION®

APPLICATION FOR CVMA® LIFE MEMBERSHIP

Personal Information	Please Print Clearly		
Member Number:		Sponsor Member Number (SM & AUX)	
Name:	First:	Last:	Road Name:
Street Address:			
City/State/Zip Code:			
Phone Numbers:	Mobile:	Home:	Work:
E-mail Address:			

Required Attendance	The criteria for Life Membership is three consecutive years of membership in good standing from the date of the Life Member application. The member must have attended a CVMA sanctioned event in each of the three years and one of those events must have been a National Meeting. Sanctioned event attendance must be entered in the member's 201 file within six months of the event.
National Meeting:	
Sanctioned Event & Year:	
Sanctioned Event & Year:	

Dues Agreement: **(Pen & Ink Initials Required All Members)**

The fee for Life Membership is $200 for Full Members and $100 for Auxiliary and Support Members. If a Life Member resigns for any reason, or is removed for any reason from the CVMA rolls, no refund will be made.

>>>>>>>>>>>>>>>>>>>>>>>>>>>>>>>> _____ **(Initial)** <<<<<<<<<<<<<<<<<

Legal Agreement: **(Pen & Ink Initials Required All Members)**

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.

>>>>>>>>>>>>>>>>>>>>>>>>>>>>>>>> _____ **(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 CVMA National Protocol of the Combat Veterans Motorcycle Association, and agree to abide by them.

(Sign)_____ **(Date)** _____ <<<<<<<<<<<<<<<<<<<<<<<<<<<<

Applications must include the (1) application (2) applicable Life Membership fee (3) patch agreement.