



COMBAT VETERANS MOTORCYCLE ASSOCIATION



VETERANS HELPING VETERANS

APPLICATION FOR LIFE MEMBERSHIP

Personal Information:

Member Number:		Date Joined CVMA:	
First Name:			
Road Name:			
Last Name:			
e-mail address:			
Home Phone:			
Mobile Phone:			
Work Phone:			
Address 1:			
Address 2:			
City:			
State:		Zip:	

Event Attendance:

Nationals:	
Sanctioned Event 1:	
Sanctioned Event 2:	
Sanctioned Event 3:	
Sanctioned Event 4:	

Dues:

Cost for life membership is **\$200**. If a life member resigns for any reason or the member is removed from the CVMA rolls for any reason, no refunds will be made. _____ (initial)

Life Membership requirements:

3 years active in the CVMA. Member must be in good standing for all three years and minimum participation of one sanctioned CVMA event per year is required. One of which must be a National meeting. _____ (initial)

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 a **check or money order (NO CASH)** made payable to:

COMBAT VETERANS MOTORCYCLE ASSOCIATION

Please mail to:	Missouri State Rep Kenneth "Viking" Pesce	Do not write in this space
Do not write in this space	955 Sunny Slope Circle	
	Camdenton, Mo 65020-3984	
	573-346-0272 missouristaterep@yahoo.com	
	State Rep acknowledges that the applicant meets the requirements for life membership set forth in the by-laws.	
Card/Patch Mailed:	SR Signature & Date: _____	Payment Information: