



**COMBAT VETERANS  
MOTORCYCLE  
ASSOCIATION**  
<http://www.combatvet.org>

Name: \_\_\_\_\_

Road Name: \_\_\_\_\_

Address: \_\_\_\_\_

City, State, ZIP: \_\_\_\_\_

Telephone: \_\_\_\_\_ DOB: \_\_\_\_\_

E-Mail Address: \_\_\_\_\_

Make, Model and Engine Size of Bike: \_\_\_\_\_

Applying for: Full Member \_\_\_\_\_ Support Member: \_\_\_\_\_ Auxiliary Member: \_\_\_\_\_

Sponsor Name / ID Number: \_\_\_\_\_

Service Information: (please check)

Army \_\_\_\_\_ Navy \_\_\_\_\_ Marines \_\_\_\_\_ Air Force \_\_\_\_\_ Coast Guard \_\_\_\_\_

Comments: \_\_\_\_\_

Use additional space on back to include any information you think will help process your application. If you are a Combat Veteran who has served or is serving in the United States Armed Forces and own, operate, and carry current insurance on a motorcycle over 500 cc you could be eligible for membership with the CVMA.

The annual membership dues are \$15.00 for Full Members and \$10.00 for Support Members, \$10.00 Auxiliary Membership.

All payments to CVMA are tax deductible. Please complete this form, attach documentation of combat service and payment by check or money order (payable to CVMA). Send to:

**Donald Fulton**  
**115 ½ Arthur Street**  
**Kittanning, PA 16201**

I have received and I have read PROTOCOL BASIC 100: \_\_\_\_\_

Applicant's Signature: \_\_\_\_\_

DATE: \_\_\_\_\_