



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 **\$20.00 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 1/2 Arthur Street
Kittanning, PA 16201

I have received and I have read PROTOCOL BASIC 100: _____

Applicant's Signature: _____

DATE: _____