



CVMA 3-2 APPLICANT CHECKLIST

Applications and Administrative Actions
Will ONLY be Accepted and Processed at Chapter Meetings

APPLICANT INFORMATION

		DATE:
APPLICANT NAME (Last, First, MI)		
Email Address		
SPONSORS NAME (Last, First, MI)		
SPONSOR MEMBER #		

COPIES OF REQUIRED DOCUMENTS (Attachment 1)

CVMA APPLICATION:	YES / NO
PROOF OF SERVICE:	ERB / DD 214 / Performance Report / Award / OTHER:
APPROVED CAMPAIGN:	
VALID DRIVER'S LICENSE #	
STATE:	MOTORCYCLE ENDORSEMENT: YES / NO
REGISTRATION: YES / NO	INSURANCE: YES / NO

CHAPTER APPLICATION FEES

APPLICATION FEE: \$ 20.00	CASH
DATE:	TREASURER SIGNATURE:

SGT AT ARMS 101 CLASSES

Applicants must attend ALL 101 classes until becoming a full patch member

DATE:	SGT AT ARMS SIGNATURE
DATE:	SGT AT ARMS SIGNATURE

ROAD CAPTIAN RIDE PROFICIENCY

DATE:	ROAD CAPTAIN SIGNATURE
DATE:	ROAD CAPTAIN SIGNATURE

APPLICANT NAME (Last, First, MI)			
OFFICERS REVIEW			
<p>Applicant has provided all required documents and has been found to be of good character. Application is being forwarded for further review, recommendations, and submission for membership.</p>			
DATE:	ADJUTANT SIGNATURE		
DATE:	TREASURER SIGNATURE:		
DATE:	XO SIGNATURE:		
DATE:	COMMANDER SIGNATURE:		
PATCH CEREMONY			
<p>Applicant has attended meetings and met all requirements</p>			
DATE:	XO SIGNATURE:		
<p>I concur with the Officers of CVMA 3-2. Applicant has meet all requirements and is now a full patched member of Chapter 3-2.</p>			
PATCHING DATE:	COMMANDERS SIGNATURE:		
<i>This form is a tracking tool for CVMA Chapter 3-2.</i>		<i>Current as of OCT 2022. All previous versions are obsolete.</i>	
ORDER DATE:	TREASURER SIGNATURE:		



COMBAT VETERANS MOTORCYCLE ASSOCIATION® (CVMA®)

-- MEMBERSHIP APPLICATION --

MEMBERSHIP TYPE (Check One)

☐

FM

☐

SUP

☐

AUX

PERSONAL INFORMATION

Chapter Assignment:

Sponsor Member # (Required for SUP & AUX):

Applicant Name:

Last:

First:

Road Name:

Home Address:

City/State/Zip Code:

Phone Number:

Mobile:

Home:

Work:

Email Address:

War-Time Veteran Data

☐

National Defense Service Medal (NDSM)

☐

Armed Forces Expeditionary Medal (AFEM)

☐

None

SERVICE INFORMATION

MOTORCYCLE INFORMATION

Military Branch:

Manufacturer:

Combat Unit (FM Only):

Model:

Combat Area (FM Only):

Year:

Dates of Combat
Deployment (FM Only):

Engine Size (CC):

In Case of Emergency (ICE) Information

ICE Contact Name(s):

ICE Contact Number(s):

Verified by CEB/DET Officer (FM & SUP Only)

CEB Officer Signature:

☐

Driver's License

☐

Title/Registration

☐

Proof of Insurance

Printed Name & Title:

Initials and Signatures Required Below MUST be Handwritten in Ink by the Applicant

DUES AGREEMENT:

Initial and annual dues are **\$20** for Full Members, **\$10** for Support, and **\$20** for Auxiliary Members. New members joining between 1 July - 31 December must pay their annual dues prior to June 30 of the following year to remain a member. Dues for all new members joining between 1 January - 30 June will be considered as paid in full for the balance of the current year and the following year.

INITIALS

LEGAL AGREEMENTS:

All logos and all intellectual property used by the Combat Veterans Motorcycle Association is the sole property of the CVMA. The CVMA back patch is a registered trademark of the CVMA 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 CVMA to possess the patch.

INITIALS

Any dispute arising out of membership, membership approval or denial, the official acts of the organization, or any provision of the latest revision of the National Bylaws shall be governed by Missouri Law. For any action brought by or against the organization for any reason, jurisdiction and venue shall be in the 7th Circuit of Missouri, Clay County, Missouri, and all matters shall be governed by Missouri law, including choice of law issues.

INITIALS

1. Have you ever received a felony conviction?

☐

YES

☐

NO

2. Have you been involuntarily discharged from any Riding Club, Riding Association, or Motorcycle Club and banned from membership ("out bad")?

☐

YES

☐

NO

3. Are you a former CVMA member?

☐

YES

☐

NO

If question number 1 or 2 is "YES", CVMA Form 103 - General Application Addendum must accompany this application.

If "YES", Member #:

I have read and understand the Bylaws, Policies, and National Protocol of the Combat Veterans Motorcycle Association, and agree to abide by them.

Sign:

Date:

FM & SUP applications must be accompanied by the applicant's (1) DD214/215 or active-duty service record, and (2) Patch Agreement. Driver's License, Title/Registration, and Proof of insurance will be verified by a CEB officer or SR. AUX applications must include (1) Certified Marriage License/Certificate, and (2) Patch Agreement. Initial non-refundable dues will be paid upon NBOD approval of application. The NBOD reserves the right to vet any applicant and verify/request any documents as it deems necessary.



COMBAT VETERANS MOTORCYCLE ASSOCIATION®

MEMBER PATCH AGREEMENT

Member Name: _____ Member Number: _____

Patch Type: ☐ Full (12.5") ☐ Full (10") ☐ Auxiliary ☐ Supporter

The CVMA® back patch or veterans insignia is a registered trademark of the Combat Veterans Motorcycle Association® and may 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 all patches into an association officer or have written permission from the CVMA to possess the patches.

Initialing each line item will signify acknowledgment of the following items.

_____ Members may not possess more than 2 patches at any time and this agreement applies to all patches leased.

_____ Patches provided for you to wear are property of the CVMA that must be returned when requested by the NBOD or its duly authorized agent. They remain CVMA property at all times.

_____ Each back patch requires a usage fee of an amount not to exceed the manufacturing and delivery cost. This cost is currently \$_____.

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

_____ Members may only keep their patches as allowed by the CVMA Bylaws or the NBOD.

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 there will be no refund of patch usage fees and 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.

Signature Date Member

Signature Date Officer

All initials and signatures must be handwritten in ink. Completed form shall be included in the membership application.