APPLICATION FOR REINSTATEMENT MEMBERSHIP				
Personal Information: PLEASE PRINT CLEARLY, WITHOUT FANCY FLOURISHES THAT MAKE IT DIFFICULT TO READ				
Member Type:	FM AUX	(Membership Number:	
Name:	First	Last	Road Name:	
Home street address:				
Home City/State/Zip:				
Phone numbers:	Mobile	Home	Work	
Email address:				
Member's Ride: REQUIRED				
Year:>>>>>>>>	Model:			
Make:>>>>>>>	Size:			
	THE FOLLOWING DOCUMENTS MUST BE VERIFIED BY A CHAPTER OFFICER OR ACCOMPANY APPLICATION			
Driver License	Signature of chapter mer	<mark>mber:</mark>	PRINT NAME	
Insurance	Signature of chapter me	mber:	PRINT NAME	
Title/Reg	Signature of chapter me	mber:	PRINT NAME	
Dues: INITIALS REQUIRED				
A reinstatement fee of \$40 for Full Members and \$20 for Auxiliary Members. Dues for all members are due by June 30th of each year. After reinstatement, annual dues are \$20 for Full Members and \$10 for Auxiliary Members due no later than June 30 of each year. If not paid by June 30,				
member will be discharged.				
>>>>>>>(Initial) <<<<<<<				
Legal: INITIALS REQUIRED 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. DO NOT MAIL PATCH AGREEMENT >>>>>>>>>>> (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) <><<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<				
The completed application must be accompanied by your driver's license, title/registration, proof of insurance(if not verified above) and a <u>check or money order</u> (NO CASH) made payable to: "CVMA"				
COMBAT VETERANS MOTORCYCLE ASSOCIATION				
	Please mail to:	Vinny EDP Maher 55 Franck R		Do not write in this
Do not write in this space		,	,	space
	·			
			NSEC, State Rep acknowledges that the ents for membership set forth in the	
			y-laws.	
New Membe	er Number:			Payment Information:
				וווטווומנוטוו.