APPLICATION FOR AUXILLIARY MEMBERSHIP			
Personal Information:	PLEASE PRINT CLEARLY, WITHOUT FANCY FLOURISHES THAT MAKE IT DIFFICULT TO READ		
Chapter Assigned:		Sponsor FM# & Name:	
Name:	First	Last	Road Name:
Home street address:			
Home City/State/Zip:			
Phone numbers:	Mobile	Home	Work
Email address:			

Dues: **INITIALS REQUIRED**

Annual dues are **$10** forAuxilliary Members. Dues for all members are due by June 30th of each year. Dues for new members will cover the balance of the current year and dues will be collected again in June. Dues for all new members joining after January 1st will be considered as paid in full for the balance of the current year and the following year

. >>>>>>>>>>>>>>>>>>>>>>>>>>>>>> _____ (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 State/County issue marriage license (not a certificate that a ceremony was performed) and a ***check or money order*** ***(NO CASH)*** made payable to: **"CVMA"**

COMBAT VETERANS MOTORCYCLE ASSOCIATION

Please mail to:	**BUCK BUCHANAN**	Do not write in this space
Do not write in this space	CVMA – TN State Rep	
	5033 Rowen Oak Cove, Collierville, TN 38017	
	CVMA.Buck@gmail.com	
	By submitting application to the NSEC, State Rep acknowledges that the applicant meets the requirements for membership set forth in the by-laws.	
New Member Number:		Payment Information: