



# COMBAT VETERANS MOTORCYCLE ASSOCIATION

MEMBER PATCH AGREEMENT

REV 2014-02-09

Member Name: \_\_\_\_\_ Member Number: \_\_\_\_\_

Patch Type:    \_\_\_ Full                   \_\_\_ Auxiliary           \_\_\_ Supporter

The CVMA back patch or veterans 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.

Patches will be signed for, and initialing each line item will signify acknowledgment of the following items.

\_\_\_\_\_ All back patches will be ordered by the State Rep or State Quartermaster AFTER new member signs acknowledgement and remits usage fee.

\_\_\_\_\_ Member may not possess more than 2 patches at any time.

\_\_\_\_\_ Patches are property of the CVMA and must be returned when requested by the BOD or its duly authorized agent.

\_\_\_\_\_ Each back patch requires a usage fee of \$50. The CVMA is providing it for you to wear. It remains CVMA property at all times.

\_\_\_\_\_ Fee is ONLY refundable within the first 6 months at the discretion of the BOD with input from the member's State Rep.

\_\_\_\_\_ Refund shall be pro-rated. No refunds after 6 months.

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

\_\_\_\_\_ Members who retire under provisions set forth in the CVMA Bylaws may retain their patch.

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 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.

\_\_\_\_\_  
Member Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Witness Signature

\_\_\_\_\_  
Date

**Completed form shall be retained by the State Rep**