

COMBAT VET RIDERS © **Veterans Serving Veterans** combatvetriders.org



Name:	Road	d Name:		
Address:		_DOB:		
City:	State:	ZIP:		
Home Phone:	Cell phone:		Email:	
Make/Model of Motorcycle: Service Type: (Check and complete e				
Combat Veteran Dates [
Non-Combat Service Veteran C]		
From To Branch of Service: (Army Navy Marine Corps Membership Requested: (Check			Reserve	
Combat Vet/Member	·	4 must accompany a	application	
Service Vet/Member		4 must accompany a	••	
Auxiliary Member			Spouse's CVR ID #	
Criminal History:				
Have you been convicted of a felony	. ,	•	No	
Have you ever been convicted of sex	-			
Convictions are not necessarily grour	ids for denial of m	embership but less t	han full disclosure is. CVR res	serves the right to conduct
a background check. Club History: Are you currently or a p	ast member of an	v Law Enforcement	organization motorcycle clu	h association or group?
Yes No If YES, dates: From:		•	•	
special skills				
Signature	Print Name _		Date	

Please use the back of this form to add any additional information that might be of value in evaluating your application. Include responses to the following questions: (1) How do you know of the Combat Vet Riders? (2) What motivates you to inquire about joining the Combat Vet Riders? (3) How might the Combat Vet Riders benefit by your membership?

Remember to include your DD214 with this application to: Combat Vet Riders, Inc., C/O Tom Maley "Mick" PO Box 11162., Spokane Valley, WA 99216 or e-mail to secretary@combatvetriders.org

The general membership meetings are being held the first Wednesday of each month at 2405C N. Dick Rd., Spokane, WA 99212. Please contact the CVR secretary at: secretary@combatvetriders.org for more information.