

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



Name:	Road N	lame:		
Address:		OOB:		
City:	_ State:	_ ZIP:	<u>.</u>	
Home Phone:	_ Cell phone:		Email:	
Make/Model of Motorcycle:				
Service Type: (Check and complete eit				
Combat Veteran 🛄 Dates [] Thea	ter of Conflict []	
From	То			
Non-Combat Service Veteran Da	tes []		
Membership Requested: (Check Combat Vet/Member Service Vet/Member Auxiliary Member	Copy of DD214 r	nust accompany appli nust accompany appli		
Criminal History:	1	_	_	
Have you been convicted of a felony in			No	_
a background check.	ls for denial of men	bership but less than j	violent crime? Yes Violent crime? No full disclosure is. CVR reserves the right to o nization, motorcycle club, association or gr	conduct
Yes No If YES, dates: From:	To:	Club or group	Civilian employment and	/or
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 DD-214 with this application to: Combat Vet Riders, c/o MembershipTeam P.O. Box 11162, Spokane Valley, WA 99216 or email to membership@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.