

Member Name: _____ Member Number: _____

Combat Veterans Motorcycle Association



Patch Agreement

Patch Type: _____ Full _____ Aux _____ Support

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.

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

_____ Initial patches will be ordered or issued by the State Rep, Chapter Commander or State Quartermaster **AFTER** new member signs acknowledgement and remits usage fee. The member may order a second patch through the CVMA store.

_____ 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.

_____ Patches require an initial usage fee (Per Patch). Full Member Patches \$50.00, Support Member \$50.00, Auxiliary Member \$50.00. 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 members 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" after 5 years may retain their patch if they have notified their State Rep and/or the BOD of their intentions. Retirement notification **MUST** be made prior to June 1.

_____ Life Members who retire at any point after achieving Life Member status 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 Full Member patch, Auxiliary patch, or Supporter 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 Name Member Number Signature Date

Witness Name CVMA Office Held Signature Date