



CVI Membership Application

Applicant Information			
Name:			
Date of Birth:	SSN:	Phone:	
Current Address:			
City:	State:	ZIP:	
Cell #:	Email Address:		
Military Information			
Branch of Service			
Dates	Combat Zone	Hazardous Duty Pay: Yes / No	
Please State Why you Feel you are Qualified For Membership in Combat Veterans International:			
Emergency Contact			
Name of a relative not residing with you:			
Address:			
City:	State:	ZIP:	Phone:
Relationship:	Doctors Name / Phone Number:		
Motorcycle Information			
Year:	Make and Model:		
CC:	Insurance: Yes / No	MC Endorsement: Yes / No	
Spouse / Children / Significant Other Information			
Name:	Date Of Birth:	Comments	
CVI Tracking Information [For CVI Use Only]			
Current Status: Employed / Retired / Disabled / Other Explain:			
Date of First Meeting:		Date of Application	
Sponsor Assigned:		Date Assigned:	
Copy of Form DD-214: Yes / No	Date Received:	DD Form 180 filled out: Yes/ No	
Date Submitted:	Date DD-214 Received:	Date DD-214 Verified:	
Date Rockered:		Date Patched:	
I authorize the verification of the information provided on this form And Verification of DD-214 with the submission of DD Form 180.			
Signature of Applicant:			Date: