



CVI Membership Application

Instructions for Applicant: complete all blocks, sign and date, turn in to local C.V.I. Chapter at their meeting along with a copy of your DD Form 214 and a signed copy of a SF Form 180			
Name:		Date of Birth:	
SSN:	Cell #:	Phone:	
Current Address:			City:
State:	ZIP:	Email Address:	
Military Information			
Branch of Service	Dates	Combat Zone	
Please State why you want to join Combat Veterans International:			
Emergency Contact			
Name:		Relationship:	Phone:
Address:		City:	State: ZIP:
<p style="color: red;">I authorize the verification of the information provided on this form and verification of DD-214 with the submission of SF Form 180. In signing this I do agree to abide by and uphold the CVI Constitution, The CVI SOP and all lawful directives from the NEC, my Regional Council and senior officers within the organization. I also acknowledge that the Back patches are and always will be property of CVI and must be returned if leaving the organization.</p>			
Signature applicant:			Date:
Instructions for Chapter: Mail original application, copy of applicants DD-214, signed "Irrevocable Consent Agreement" & "Acceptance and Commitment Form" to C.V.I. National Membership Chairman. Keep copy for chapter records. Mail a signed SF-180 to Military Records with return address of: C.V.I. National P.O. Box 39517, Lakewood, WA. 98496			
Original Chapter:	Region:	Date of First Meeting:	
DD-214 Received from Applicant	Yes / No	Sponsor:	
Date SF180 Sent:	Date Rockered:	Roadname:	
Date Patched:	Member number:	Friend Sponsored:	
Service in Combat Zone verified by documents other than DD Form 214 Yes / No			
If Yes, attach documents and submit with application			
Motorcycle Information			
Year:	Make and Model:	CC:	
Verified by Road Captain:	Insurance: Yes / No	MC Endorsement: Yes / No	
Completed by NEC			
Associate Member: Yes / No	Original DD Form 214 received: Yes / No Date:		
Chapter informed of verification of DD Form 214 Date:		C.V.I. Back patch Serial #	
Irrevocable Consent Agreement signed Yes / No		Acceptance and Commitment Form signed Yes / No	

Transfers

Reason for Transfer:	
From: Chapter	Current Chapter vote date:
To: <input type="checkbox"/> Chapter or <input type="checkbox"/> Member-at-Large	New Chapter or NEC vote date:
Reason for Transfer:	
From: Chapter	Current Chapter vote date:
To: <input type="checkbox"/> Chapter or <input type="checkbox"/> Member-at-Large	New Chapter or NEC vote date:
Reason for Transfer:	
From: Chapter	Current Chapter vote date:
To: <input type="checkbox"/> Chapter or <input type="checkbox"/> Member-at-Large	New Chapter or NEC vote date:

Retirement

Date of retirement vote:	Chapter retired from:
Date of reactivation:	Chapter reactivated to:
Date of retirement vote:	Chapter retired from:
Date of reactivation:	Chapter reactivated to:
Date of retirement vote:	Chapter retired from:
Date of reactivation:	Chapter reactivated to:

Disciplinary

Date of Hearing/Warning:	Charge/Issue	Result
Date of Hearing/Warning:	Charge/Issue	Result
Date of Hearing/Warning:	Charge/Issue	Result
Date of Hearing/Warning:	Charge/Issue	Result