

America Veterans Motorcycle Riders Association

Application for Membership

Section 1: Personal Information

Name: _____ Telephone: _____
Address _____ City _____ St. _____ Zip _____
Date of Birth _____ Occupation _____
Marital Status: S M D W Spouse's Name: _____
Children's Names and Ages _____
Your Blood Type: _____ List Any Disabilities _____
Are These Disabilities Service Related _____

Section 2: Motorcycle Information

Do You Own A Motorcycle? _____ Year: _____ Make: _____
Model: _____ Engine Size: _____
How long have you been Riding on the Road? _____
Have You Taken a Rider Course (i.e. MSF, Abate)? _____

Section #: Military Information

Are You a Veteran Of The U.S. Military? Yes _____ No _____
If Yes, What Branch? (Circle) Army Navy Air Force Marines Coast Guard Reserves N.G.
Service Dates: _____ To _____
Did You Serve Outside the U.S.? Yes _____ No _____ Where? _____
With What Unit? _____
What Was your MOS? _____
Were You Wounded? Yes _____ No _____
Are You Currently Serving Active Duty in The U.S. Military? Yes _____ No _____
If Yes Which
Branch? _____ What Unit? _____
Enlistment Date: _____ ETS Date: _____
List Any Awards, Medals, Accommodations, Skill Badges, ECT:

Section 4: Membership Inquiry

Can You Attend A.V.M.R.A. Meetings? _____ Runs? _____ Events? _____
Are You Interested in Taking an Active Role in AVMRA? Yes _____ No _____
If Qualified, Are you interested in becoming a Veteran Member (Vets Only)? Yes _____ No _____
If Qualified, Are you interested in Becoming an Associate Member (Non Vets)? Yes _____ No _____

Any Comments about A.V.M.R.A.? _____

Signature: _____ Date: _____

Thank You