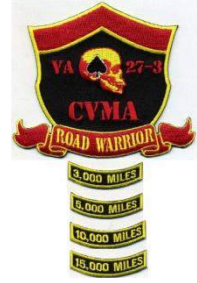




**Combat Veterans Motorcycle Association
CVMA 27-3
Road Warrior Program
Enrollment Form**



NAME: _____

DATE: _____

ROAD NAME: _____

I am enrolling in the CVMA 27-3 Road Warrior Program (RWP).

I have read the CVMA 27-3 Road Warrior SOP , and I understand that the program has a annual requirements and a mileage component.

I understand that I am responsible to ensure that the Chapter's Road Warrior Tracking sheet is kept current of my mileage and the annual requirements as I complete them.

I am enclosing my \$25.00 enrollment fee that covers the cost of all patches and rockers that I will earn in the RWP.

Signature