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**Combat Veterans Motorcycle Association®**

**VA 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 an 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