

Combat Veterans Motorcycle Association of Nevada, Inc.

Warrior Wheels Program

2 - Application

By my signature below, I hereby apply for consideration for the Combat Veterans Motorcycle Association of Nevada (CVMA-NV) Warrior Wheels Program.

I certify that the following information is true to the best of my knowledge.

I understand that submission of an application does not guarantee acceptance into the program. I further understand that CVMA-NV may interview me, my family and contact the references I have provided below. I authorize CVMA-NV to contact these individuals and grant permission for them to speak with CVMA-NV concerning me and my application, my background and I hereby authorize any person, educational institution, or company I have listed as a reference on my application to disclose in good faith any information they may have regarding my qualifications and fitness for participation. I will hold any former employers, educational institutions, and any other persons giving references free of liability for the exchange of this information and any other reasonable and necessary information incident to this application.

Name		
Street Address		
City, ZIP		
Preferred Contact #		E-Mail
NV Operator License #		
Current Employer Name		
Supervisor Name		Supervisor Contact#
Month/Year started		Job Title
Branch of Service	Grade/Rank	MOS
Discharge Date	Discharge Type	Length of Service
Combat - Theater, Unit and Dates		
Marital/Family Status		
Veteran Group Affiliation(s)		
Why do you feel that a motorcycle will make your life better?		
Reference 1:		
Reference 2:		
How did you hear about this program?		

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Please include any additional comments to help us get to know you better.

Signature

Date

FOR CVMA—NV Use Only

Date of initial contact

Member contacted

Date of initial Interview

Rider Sponsor assigned

Date Employment checked

Ref 1 Comments

Ref 2 Comments

Date submitted to Board

Comments

Applicant Accepted?

Date Contract Prepared

Rider Sponsor

Date

Sergeant-At-Arms

Date

CVMA-NV Chapter Commander

Date

Chapter Secretary shall maintain this Application for Five years.