



American Valor Motorcycle Association®

MEMBERSHIP APPLICATION

Applicant Information:

First Name:					
Last Name:	Road Name:				
Address:				Phone:	
	Street address		Apt/Unit #		
				Email:	
	City	State	Zip Code		
Membership Type:	Valor Member <input type="checkbox"/>		Support Member <input type="checkbox"/>		Auxiliary Member <input type="checkbox"/>
Motorcycle Make:		Model:		Engine Size	
Years Riding Exp.					

Service Information:

Branch of Service:			
Type of Discharge if applicable:			
List any combat deployments? (not required for membership)			
Do you agree to adhere to the Bylaws?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
Have you ever been convicted of a felony?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
Applicant Printed Name:			Date:
Applicant Signature:			

By signing this application, you agree that everything is true and to the best of your knowledge. This application is binding to the aforementioned Bylaws.

For Administrative Use:

License:	Yes <input type="checkbox"/>	DD214	Yes <input type="checkbox"/>	Membership status	Approved <input type="checkbox"/>	Denied <input type="checkbox"/>	Date:		Initials	
Insurance:	Yes <input type="checkbox"/>	Verifying Officer								
Registration:	Yes <input type="checkbox"/>	Signature of Verifying Officer								

*Edition January 2024 Any previous editions are obsolete and will not be processed

**Please include a copy of your current License with motorcycle endorsement, current registration, current insurance and your DD214 if applicable.