Veterans Brotherhood

Massachusetts Chapter



Application for Membership Veterans Brotherhood Veterans Motorcycle Club

(Do not sign this application until you have read our Bylaws and The VBVMC National Constitution and until you are prepared to adhere to the VBVMC Code of Ethics and accept the concept of Veterans Brotherhood to its fullest extent)

Name:			
		Home Phone:	
City:		State: Zip:	
Employed By:			
		City:	
	State:	Zip:	
Emergency Contact Person:			
Relationship:			
Telephone:			
Branch of Service:		Years Served:	
Unit:			

Tactical Area of Operations: _____

Road Name (Choose one, or have it chosen for you!):		
Motorcycle Information:		
Make: Model:		
Size (cu inch) (cc)		
I, have reviewed a copy of the bylaws		
of the Veterans Brotherhood VMC on		
I understand them and will abide by them.		
Signature:		
Date:		
(Submit with a copy of your DD-214)		
Part #2		
I acknowledge receipt of my "Colors" from the VBVMC. I understand that the VBVMC Patch is organization property and is to be kept presentable at all times.		
By wearing the "Colors", I represent our Brotherhood. I will conduct myself honorably and ethically in all matters pertaining to Club Business, according to the mission of the Brotherhood.		
Name:		
Signature:		
Date:		
Chapter President:		
State President:		