

Veterans of Foreign Wars Motorcycle Group of Texas
Membership Application
Unit 6-1475

Personal Information:

Name: _____
Road Name: _____
Address: _____
City, State & Zip: _____
Home Phone: _____
Cell Phone: _____
E-Mail Address: _____
DOB: _____
Spouse Name: _____

Date: _____

Sponsor/Mentor: _____



Service Information:

Branch Served In: Army _____ Navy _____ Marines _____ Air Force _____ Coast Guard _____
Overseas Service: Location: _____ Years: _____
Are You? Retired: _____ Honorably Discharged: _____ Active Duty: _____

VFW Information:

(Circle One) (Check One)
VFW Membership # _____ Ladies/Men's Aux. Membership # _____ L/M - Y__ N__
Post or Auxiliary: Location _____ # _____ District # _____
VFW Support Member Application: Yes _____ No _____

Motorcycle Information:

Do You Have an M Endorsement on Drivers License? Yes _____ No _____
What do you ride? Model: _____ Year: _____ CI/CC: _____
How long have you been riding? Solo: _____ Groups: _____ AMA Member: Y__ N__ # _____
Do you wear any other patch at this time? Y__ N__ What Group: _____

In Your Own Words:

Why I want to join the Veterans of Foreign Wars Motorcycle Group of Texas:

What the Veterans of Foreign Wars means to me:

To apply for membership; fill out application and return it with a copy of your VFW membership card and or Service Verification, (DD-214, Discharge Certificate, ID Card, Commissioning Orders, etc...) along with the \$20.00 membership fee. Make Check Payable to VFWMG Unit #6-1475, Note-M/C membership.

Mail To:

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