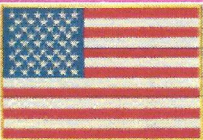
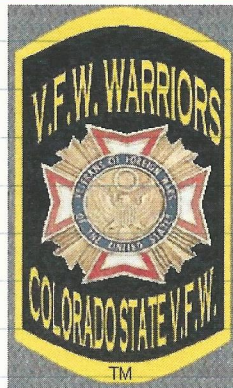


District 5, V.F.W. WARRIORS

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NAME _____ PHONE _____

SPOUSE _____ SUPPORT PATCH Y - N

ADDRESS _____

EMAIL _____

VFW MEMBER ID # _____ DATE JOINED _____

AMOUNT PAID FOR DUES \$ _____ AMOUNT PAID FOR PATCHES \$ _____

TYPE OF MOTORCYCLE _____

MOTORCYCLE ENDORSEMENT Y - N MOTORCYCLE SAFETY COURSE Y - N

DO YOU BELONG TO ANY OTHER MOTORCYCLE CLUB(S) Y - N IF YES EXPLAIN BELOW

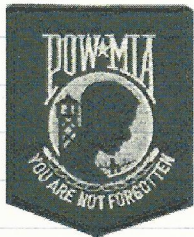
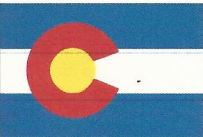
COMMENTS _____

VFW POST NUMBER _____

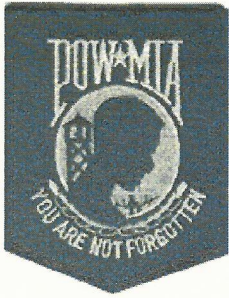
MEMBER'S SIGNATURE AND DATE _____

SPONSOR'S NAME AND SIGNATURE _____

OFFICER'S NAME AND SIGNATURE _____



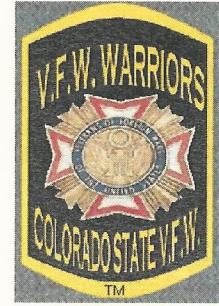
I WANT YOU



V.F.W. WARRIORS

DISTRICT 5
COLORADO SPRINGS, CO

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