

VETERANS OF FOREIGN WARS
MOTORCYCLE RIDERS GROUPS/ASSOCIATIONS
APPROVAL REQUEST FORM (DISTRICT)

Date: _____

To: Commander-in-Chief, VFW

Through: Commander, Department of _____

In conformity with the guidelines first published September 14, 2010, as may be amended from time to time, in regard to Veterans of Foreign Wars Riders Groups/Associations (VFWRG),

District # _____, Department of _____
DISTRICT # DEPARTMENT NAME

herby establishes a Riders Group/Association to be known as:

GROUP NAME (RECOMMENDED AS "VFW RIDERS, DISTRICT (#), (STATET)

as an activity of the District, to promote and support the programs of the VFW, motorcycle safety, and to provide a social atmosphere for members who share the same interest.

The following committee has been appointed:

Chairperson: _____

NAME

MEMBERSHIP NUMBER

EMAIL

Committee Member: _____

NAME

MEMBERSHIP NUMBER

EMAIL

Committee Member: _____

NAME

MEMBERSHIP NUMBER

EMAIL

Committee Member: _____

NAME

MEMBERSHIP NUMBER

EMAIL

Committee Member: _____

NAME

MEMBERSHIP NUMBER

EMAIL

Additional members attached (as necessary)

In addition, we seek the conditional approval of the attached design(s) to be used as our riders group patch.

Attach patch design(s)

The District has reviewed VFWRG National and Department guidelines and authorizes said activity.

District Commander: _____

Attested by:

PRINTED NAME

SIGNATURE

DATE

District Adjutant: _____

PRINTED NAME

SIGNATURE

DATE

I have reviewed the above request and find no conflict with any policy or procedure adopted by the Department.

Department Endorsement: _____
DEPARTMENT COMMANDER/ADJUTANT PRINTED NAME SIGNATURE DATE

NATIONAL HQ USE ONLY _____ Approved

Authority:

Date Received: _____ Rejected