

**Veterans of Foreign Wars of the United States  
MOTORCYCLE RIDERS GROUPS (VFWRG)  
REGISTRATION FORM (DISTRICT)**

Commander VFW Ohio  
ATTN: VFWRG President  
35 E Chestnut Street  
Suite 506  
Columbus, OH 43215

Adjutant General, VFW  
ATTN: Administrative Operations  
406 W. 34<sup>th</sup> Street  
Kansas City, MO 64151

\_\_\_\_\_  
DATE

In conformity with the National By-Laws and Manual of Procedure; Resolution 304 of the 118<sup>th</sup> National Convention; and the guidelines thereby established, Department of \_\_\_\_\_, DISTRICT No. \_\_\_\_\_, VFW, has authorized and hereby registers a riders group known as:

\_\_\_\_\_  
GROUP NAME (RECOMMENDED AS "VFW RIDERS, DISTRICT #, DEPARTMENT)

as a subordinate unit 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 member has been identified as a VFWRG officer:

President: \_\_\_\_\_  
NAME MEMBERSHIP # EMAIL ADDRESS

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

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

DISTRICT COMMANDER: \_\_\_\_\_  
PRINTED NAME SIGNATURE DATE

ATTESTED BY:  
DISTRICT ADJUTANT: \_\_\_\_\_  
PRINTED NAME SIGNATURE DATE

DEPARTMENT HEADQUARTERS ENDORSEMENT

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

\_\_\_\_\_  
DEPARTMENT COMMANDER or ADJUTANT PRINTED NAME SIGNATURE DATE

<b>NATIONAL HQ USE ONLY</b>	
DATE RECEIVED: _____	<input type="checkbox"/> APPROVED PATCH
<input type="checkbox"/> DISTRICT IN GOOD STANDING	<input type="checkbox"/> VFW LOGO <input type="checkbox"/> AUX LOGO <input type="checkbox"/> OTHER _____
DATE ACK'D: _____	AUTHORITY: _____

