

**PURPLE HEART RIDERS  
ASSOCIATION  
MEMBERSHIP APPLICATION  
COMPLETE AND MAIL TO:  
PURPLE HEART RIDERS  
ASSOCIATION P.O. BOX 892,  
NASHUA, NH 03061**



<b>NATIONAL OFFICE CHECK LIST:</b>	
VERIFIED PHM RECIPIENT:	_____
VERIFIED MOPH MEMBER:	_____
VERIFIED VA PH DESIGNATION:	_____
DD 214 RECEIVED:	_____
OTHER DOCUMENTATION:	_____
MEMBER # ASSIGNED:	_____
AUTHENTICATING NATIONAL PHRA OFFICER:	_____

**MEMBERSHIP FEE: \$80.00**

**THE PURPLE HEART RIDERS ARE A BROTHERHOOD OF COMBAT WOUNDED MOTORCYCLE RIDERS**

Membership in the Purple Heart Riders is restricted to those American Military Veterans who have been awarded the Purple Heart Medal for Wounds received in Combat. There are no exceptions. You are eligible to become a member of this very restricted and prestigious organization of motorcycle riders and wear our Colors by the very fact that you were Wounded-in-Action, received the Purple Heart Medal and own *and* ride a Motorcycle of 500cc or greater. Upon verification of your Award and approval by the National Board, you will be vested as a full member with all rights and privileges of general membership. You must understand and appreciate that we verify that you are indeed a recipient of the Purple Heart Medal and it is a requirement you submit a copy of your DD214 demonstrating the Award.

▶	PRINT YOUR FULL NAME	▶	WHAT IS YOUR 'HANDLE' OR NICK-NAME	▶	YOUR DATE OF BIRTH/AGE
▶	PERMANENT RESIDENTIAL ADDRESS	▶	CITY	▶	STATE
▶	PREFERRED TELEPHONE NUMBER OF CONTACT	▶	CELL NUMBER	▶	BUSINESS NUMBER
▶	E-MAIL ADDRESS (IMPORTANT FOR NOTIFICATIONS AND ADMINISTRATIVE UPDATES)	@	▶	▶	OTHER E-MAIL ADDRESS

BRANCH OF MILITARY:  US ARMY  US MARINE CORPS  US NAVY  US AIR FORCE  US COAST GUARD  US MERCHANT MARINE  
 CONFLICTS YOU WERE ENGAGED IN:  WWII  KOREA  VIETNAM  BEIRUT  SOMALIA  IRAQ I  IRAQ II  AFGHANISTAN

▶	DATE OF PURPLE HEART MEDAL (WHEN WOUNDED)	▶	WHICH CAMPAIGN OR ENGAGEMENT	▶	NUMBER OF AWARDS
▶	DATES OF SERVICE	▶	RANK/RATE AT DISCHARGE/RETIREMENT	▶	SERVICE # /SSN (FOR ASSOCIATION PURPOSES ONLY)
▶	MOPH #	▶	VA CARD # (PH DESIGNATION)	▶	VA CLAIM # (IF ANY)

One of the following documents must be submitted with the Membership Application. Active Duty please submit a copy of Orders awarding the PHM. If you are a Veteran, please submit your DD214 which must demonstrate the award of the Purple Heart Medal and that your Service was Honorable. The Purple Heart Certificate does not alone constitute proof of the award (because they are commercially available without proof of the award). List documents submitted:

DD214 W/PHM AWARDED  DD215  WD AGO 53-55  GENERAL ORDERS  LETTER OF TRANSMITTAL

▶	DRIVERS LIC #	▶	STATE OF ISSUE	▶	Y N N/Required	▶	MOTORCYCLE ENDORSEMENT (IF REQUIRED)	▶	CONCEALED HANDGUN PERMIT	▶	STATE OF ISSUE
▶	MAKE OF MOTORCYCLE	▶	MODEL	▶	YEAR	▶	CI/CC	▶	LICENSE PLATE	▶	STATE OF REGISTRATION

I hereby apply for the Purple Heart Riders Association and agree to abide by all Association Rules and By-Laws. I understand that the Colors/Back Patch and any item displaying the official logo of the Association are proprietary images. Colors are 'awarded' as a Privilege of Membership but remain the property of the Association and must be returned upon demand or resignation. I apply for:

- Full Member Status: I attest that I am a Recipient of the Purple Heart Medal and own/ride a motorcycle/trike of at least 500cc.
- Associate Member Status: I attest that I am a Recipient of the Purple Heart Medal but because of wounds sustained in combat, service connected disabilities or other post service disabilities I am rendered unable to operate a motorcycle. I have provided medical documentation of my disabilities with this application understand my statue must be verified and approved by a National Officer.



SIGNATURE OF APPLICANT

DATE OF APPLICATION

APPLICANT SPONSORED BY PHRA MEMBER