



MEMBER APPLICATION

BUILT ON PASSION | DRIVEN BY PURPOSE | POWERED BY HEROES

ELIGIBILITY: Applicants must be age 18 or older and hold a valid driver's license. Membership is national first; chapter preference identifies the applicant's requested local division.

1 APPLICANT INFORMATION | Fields marked * are required

Full legal name *

Preferred name

Date of birth * (MM/DD/YYYY)

Driver's license issuing state * (Do not enter the license number)

Street address *

Apartment / unit

Mobile phone *

Email address *

City *

State *

ZIP code *

2 CHAPTER PREFERENCE & REFERRAL

Preferred chapter or service area *

County / region

How did you hear about Wheels4Heroes?

Referred by

3 ELIGIBILITY CERTIFICATION | Check each statement that is true

- ☐ I am at least 18 years old.
- ☐ I currently hold a valid driver's license.
- ☐ I support the Wheels4Heroes mission of serving veterans, first responders, and the community.
- ☐ I am willing to follow the national bylaws, approved policies, Code of Conduct, event rules, and lawful leadership direction.
- ☐ I understand that submitting this application does not guarantee membership or authorize me to represent Wheels4Heroes.

Applicant initials:

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4 CONNECTION TO THE MISSION | *Optional; does not determine eligibility*

- | | | |
|--|--|---|
| ☐ U.S. military veteran | ☐ Active-duty / Guard / Reserve | ☐ First responder |
| ☐ Family member of a veteran or first responder | ☐ Community supporter | ☐ Prefer not to answer |

5 INTERESTS, SKILLS & PARTICIPATION

- | | | |
|---|--|--|
| ☐ Community events and car shows | ☐ Fundraising and donation drives | ☐ Sponsor and donor outreach |
| ☐ Veteran / first responder outreach | ☐ Volunteer coordination | ☐ Vehicle judging and show operations |
| ☐ Marketing and social media | ☐ Photography, video, or graphic design | ☐ Safety, parking, or traffic support |
| ☐ Administrative or membership support | ☐ Chapter leadership | ☐ Automotive / mechanical support |
| ☐ Grant writing or nonprofit development | ☐ Merchandise and hospitality | |

Typical availability *(Weekdays, evenings, weekends, seasonal)*Preferred level of involvement *(Occasional, regular, leadership)*

Skills, certifications, experience, or accommodations you would like us to know about *(Do not include medical details unless you want to request a specific accommodation)*

6 VEHICLE INFORMATION | *Optional*

Year	Make	Model
_____	_____	_____
Vehicle color	Other club / organization affiliation	Social media handle <i>(Optional)</i>
_____	_____	_____

7 EMERGENCY CONTACT | *Optional; used only when reasonably necessary*

Contact name	Relationship
_____	_____
Primary phone	Alternate phone
_____	_____

ROLE-SPECIFIC SCREENING: General membership does not automatically require a background check. Some higher-risk roles require separate screening, training, or authorization.

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8 MEMBER STANDARDS & ACKNOWLEDGMENTS

By signing this application, I acknowledge and agree that:

- ☐ If approved, my membership is national; chapter affiliation is participation in a local division and is not separate legal membership.
- ☐ My information is accurate and complete to the best of my knowledge, and I will report material changes to my eligibility or contact information.
- ☐ I will act professionally, obey laws and venue rules, respect members and the public, and help maintain a welcoming environment.
- ☐ I will not engage in harassment, discrimination, hate speech, threats, violence, illegal conduct, reckless driving, unsafe event behavior, misuse of property, or conduct that materially harms Wheels4Heroes or its mission.
- ☐ I will follow the bylaws, Code of Conduct, safety rules, approved chapter rules, branding standards, and lawful instructions during official activities.
- ☐ I may not contract, solicit, speak officially, use organizational marks, or make commitments for Wheels4Heroes without specific written authority.
- ☐ Membership categories, rights, benefits, dues, fees, waivers, terms, and renewals follow current bylaws and authorized rules. Some activities or roles may require separate waivers, training, insurance, or screening.
- ☐ A local recommendation, payment, event attendance, or roster entry does not create membership. Final status and activation require the authorized national process and official record.

9 PRIVACY NOTICE

Wheels4Heroes uses this information for eligibility review, membership administration, chapter coordination, safety, authorized communications, compliance, and recordkeeping. Access is limited to authorized personnel; the minimum necessary information may be shared with an approved chapter. Records are protected and retained under current policy and applicable law. Applicants may request corrections through National Membership Administration. Do not provide a driver's license number, Social Security number, payment-card number, medical diagnosis, or other information not requested.

- ☐ I have read and understand the privacy notice.

10 PHOTO, VIDEO & PUBLICATION PERMISSION | Choose one; optional and separate from membership

- ☐ YES - I permit mission-related use of photographs, video, or recordings of me from official activities for communications, publicity, fundraising, archives, and social media, without additional compensation.
- ☐ NO - I do not grant general permission. I understand I may still appear incidentally in crowd or public-event images where individual consent is not reasonably obtained.

CONSENT NOTE: This choice does not affect membership. Permission may be withdrawn for future use by written notice, subject to material already published or committed.

11 APPLICANT CERTIFICATION & SIGNATURE

I certify that I have reviewed this application and the acknowledgments above. I understand that intentionally false or materially incomplete information may result in denial, restriction, suspension, or termination under applicable organizational procedures.

Applicant signature * (Handwritten or typed) 	Preferred communication method (Email, phone, or text) 	Date * (MM/DD/YYYY)
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