

The American Legion – American Legion Riders Information/Application



Annual Membership Dues: \$ 24.00 per year (1 January – 30 December)

Last Name: _____ First Name: _____

Nickname/Rider Name: _____

Home Address: _____ Apt: _____

City: _____ State: _____

Home Phone: () _____ - _____ Cell: () _____ - _____

Spouse: _____

Birth Date ____/____/____ e-mail Address: _____

Member of: LEGION S.A.L Auxiliary at Post 2 MEMBER# _____

EMERGENCY Contact Name: _____

Tell us about your bike:

Make: _____ Model: _____ Displacement: _____
(350cc minimum)

Check the box alongside the appropriate statement below, draw "X" through the statement that does not apply to you, and sign/date BOTH Sections. If you do not own a motorcycle, also put an "X" through the "About your bike" section.

"I, the undersigned, certify that the motorcycle listed above is registered in my name and in accordance with state, city, and/or local licensing and registration requirements. I further certify that I carry property and liability insurance for myself, my passengers, and my motorcycle which meets at least a cycle endorsement or a valid Motorcyclist Temporary Instruction Permit in accordance with state, city, and /or local laws. If my status changes, I will request, complete, and submit a new "Member Information Form"

"I, am joining as a passenger of the following Rider": _____

Signed: _____ Date: _____

American Legion Riders - Membership Number: _____

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I, the undersigned, agree that the American Legion, and the American Legion Motorcycle Association (henceforth referred to as "The American Legion Riders" or simply "Riders"), shall not be liable or responsible for damage to property or injury to persons including myself during any Riders activities. I release and hold the Riders officers and the American Legion harmless for any injury loss to my person or property that may result though my participation in the Riders and/or their activities. I understand that this means that I agree not to sue the Riders officers, whether local, state or national, nor the American Legion for any injury resulting to myself or my property in connection with and Rider's activities."

Signed: _____ Date: _____

Are you affiliated with any other motorcycle associations/clubs? Yes _____ No _____

If yes name of association/club: _____

Did you join the American Legion in order to become a Rider? YES _____ NO _____

ALL MEMBERS MUST SIGNIFY THEIR UNDERSTANDING OF AND AGREEMENT WITH THE ABOVE BY SIGNING AND DATING THE ABOVE.

Mail this application:

**The American Legion
(Legion Riders)
J.THOMPSON WYATT, Post 2, INC.
Petersburg, Virginia 23803-4746**

Make Checks payable to: American Legion Riders Post 2

Application must be accompanied with photocopies of the following:

- *Driver's license showing motorcycle endorsement*
- *Current registration for your motorcycle*
- *Current Legion/Auxiliary/S.A.L. membership card*

ALR Official use

Form Post2 ALR Membership Information - To be renewed annually and kept on file

American Legion Riders - Membership Number:_____