



THE AMERICAN LEGION RIDERS
GREEN VALLEY, ARIZONA – POST 131
MEMBER INFORMATION FORM/APPLICATION FOR
MEMBERSHIP

About You: Complete this section in its entirety.

Last Name: _____ **First Name:** _____

Nickname/Rider Name: - _____

Home Address: _____ **Apt:** _____

City: _____ **State:** _____ **Zip:** _____

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

Wife/Husband/Friend: _____

Birth Date: ____ / ____ / ____ **E Mail address:** _____

Check One:

Member of: Legion ____ **SAL:** ____ **Auxiliary:** ____ **Post #:** ____ **Membership #:** _____

Emergency Contact Name: _____ **Phone:** () - _____

This is who we would contact should something happen to you.

About your bike: Complete this section if you will be riding a motorcycle with ALR. Cross it out if you will be a passenger.

Make: _____ **Model:** _____ **Displacement:** _____

About the Lawyers:

"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 the minimum state, city, and/or local insurance requirements. I also certify that I carry a valid driver's license with either 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 also agree that the American Legion, and the American Legion Motorcycle Association (henceforth referred to as "The American Legion Riders" or simply as 'Riders'), shall not be liable or responsible for damage to property or injury to persons including myself during any Riders activities, even where the damage or injury is caused by negligence (except willful neglect). I understand and agree that all Riders officers and the American Legion for any injury loss to my person or property that may result through 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 my Riders activities. At Such time that I am no longer a member of this Chapter, I agree to no longer wear the ALR patch and rocker identifying myself as a member of Post 131."

Signed: _____ **Date:** _____

All members must signify their understand of an agreement with the above by signing and dating here