

## The American Legion Riders

## Post 320, Spotsylvania, Virginia Member Information Form/Application for Membership

About You: Complete this section in its entirety.

Ni almana /Di dan Nama	
Nickname/Rider Name:	
Home Address:	Apt:
City: Sta	ate: Zip:
Home Phone: () Cell	Phone: ()
Spouse:	
Birth Date:/ email address:	
Member of:      Legion      SAL      Auxiliary at Post      Emergency Contact Name:     This is who we would contact should somethin	_Phone: ()
About your bike: Complete this section if you will be riding a motorcycle w	ith the ALR. Cross it out if you will be a passenger
Make: Model:	Displacement:
<ul> <li>"I, the undersigned, certify that the motorcycle listed above is registed licensing and registration requirements. I further certify that I carry pur motorcycle which meets at least the minimum state, city, and/or local in license with either a cycle endorsement or a valid Motorcyclist Tempor laws. If my status changes, I will request, complete, and submit a new lice operating a motorcycle as an American Legion Rider:</li></ul>	roperty and liability insurance for myself, my passengers, and my asurance requirements. I also certify that I carry a valid driver's ary Instruction Permit in accordance with state, city, and/or local Member Information Form.'' I will not participating in American Legion Rider events as a passenger.
If my status changes, I will request, complete, and submit a new Mer Signed: Date All members must signify their understanding and certification of the relative	
"I, the undersigned, agree that the American Legion, and the American American Legion Riders' or simply as 'Riders'), shall not be liable or re- myself during any Riders activities, even where the damage or injury is agree that all Riders members and their guests participate voluntarily, the Riders officers and the American Legion harmless for any injur participation in the Riders and/or their activities. I understand that this state or national, nor the American Legion for any injury resulting to m	sponsible for damage to property or injury to persons including caused by negligence (except willful neglect). I understand and and at their own risk in all Riders activities. I release and hold y loss to my person or property that may result through my means that I agree not to sue the Riders officers, whether local, yself or my property in connection with and Riders activities."
Signed: Date	:

Form ALR|MIF20040615

ALR Membership Number:

To be renewed annually and kept on file.