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The American Legion Riders

(enter town/city & chapter # before printing here)

Member Information Form/Application for Membership

	Year Shown on Card # on Legion, SAL or Aux Card		
	t # Card Year:Member#:		
	First Name:		
Nickname/Rider Name:			
Home Address:	Apt:		
City:	State: Zip:		
Home Phone: ()	Cell Phone: ()		
Wife/Husband:			
Birth Date:/ Email address	s:		
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 ridi	ling a motorcycle with the ALR. Cross it out if you will be a passenger		
Make: Model: _	Displacement:		
you, and sign and date BOTH sections. If you do not own a motorcy "I, the undersigned, certify that the motorcycle listed a local licensing and registration requirements. I furth passengers, and my motorcycle which meets at leas certify that I carry a valid driver's license with either a	above is registered in my name and in accordance with state, city, and ther certify that I carry property and liability insurance for myself, ist the minimum state, city, and/or local insurance requirements. I a cycle endorsement or a valid Motorcyclist Temporary Instruction Per my status changes, I will request, complete, and submit a new Mem g Rider: I will on Rider, but may be participating in American Legion Rider events a		
	omplete, and submit a new Member Information Form."		
not be operating a motorcycle as an American Legio	omplete, and submit a new Member Information Form." Date:		

Signed:

property in connection with and Riders activities."

_____ Date: _____

not to sue the Riders officers, whether local, state or national, nor the American Legion for any injury resulting to myself or my

All members must signify their understanding of and agreement with the above by signing and dating here.