



The American Legion Riders

Post # _____, _____, Kansas. Dues \$ _____ per year
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: _____

Birth Date: ____/____/____ Email Address: _____

Check one: AL/SAL/Aux

Member of: Legion SAL Auxiliary at Post # _____ Member #: _____

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

This is whom we will contact in the event something should happen to you.

About your bike: Complete this section only if you are the operator of a motorcycle with the ALR.

Make: _____ Model: _____ Displacement: _____

"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 motorcycle 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 the spouse of the following Rider: _____, joining as a passenger. I will not be operating a motorcycle as an American Legion Rider, but may be participating in American Legion Rider events as a passenger. If my status changes, I will request, complete, and submit a new Member Information Form."

Drivers License with M/C endorsement _____ Insurance _____
Registration _____

Certified by _____ Printed _____ Title* _____

Signed: _____ Date: _____

All members must signify their understanding and certification of the relative section above by signing and dating here

“I, the undersigned, 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 members and their guests participate voluntarily, and at their own risk in all 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 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 and Riders activities.”

Signed: _____ Date: _____

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

Signed: _____ Date: _____

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ALR Membership Number: _____. (To be the same as A/L, SAL or Aux #)

This Form is to be Verified and Signed Annually by each ALR Member when renewing His/Her Membership in the ALR and kept on file at the sponsoring Post. After Five years of verification, then a new form must be filled out completely.