



# The American Legion Riders



Post 179 – Grandville, MI

## Member Information Form / Application for Membership

**About You:** (Please complete this section in its entirety)

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Nickname / Rider Name: \_\_\_\_\_

Home Address: \_\_\_\_\_ Apt: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone: (\_\_\_\_\_) \_\_\_\_\_-\_\_\_\_\_ Cell Phone: (\_\_\_\_\_) \_\_\_\_\_-\_\_\_\_\_

Spouse: \_\_\_\_\_

Birth Date: \_\_\_\_/\_\_\_\_/\_\_\_\_\_ E-Mail Address: \_\_\_\_\_

Member of: Legion SAL Auxiliary at post # \_\_\_\_\_ Member #: \_\_\_\_\_

Emergency Contact: \_\_\_\_\_ Phone: (\_\_\_\_\_) \_\_\_\_\_-\_\_\_\_\_

**About Your Bike:** (Please complete if you will be riding a motorcycle with the ALR. Put "NA" if a passenger or supporter)

Make: \_\_\_\_\_ Model: \_\_\_\_\_ Displacement: \_\_\_\_\_

**Legal:** (Check the box next to the appropriate statement below. Please sign and date BOTH sections)

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

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

"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 any Riders activities."

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

**\*This form needs to be accompanied by photocopies of the following current documents:**

**ALR Full Member – Legion/SAL/Auxiliary Membership Card; License with Endorsement; Registration; Insurance**  
**ALR Supporter – Legion/SAL/Auxiliary Membership Card**

ALR Membership Number: \_\_\_\_\_

To be renewed annually and kept on file.