

## MEMBERSHIP INFORMATION FORM AND/OR



Vass, NC

## **APPLICATION FOR MEMBERSHIP**

ABOUT TOU. Please complete the	tollowing information about you	urseir.
Last Name:		First Name:
Nickname/Rider Name: _		
Home Address:		
Home Phone:		Cell Phone:
Spouse:		
		·
Member of Post/Unit/Squ	adron:	Member ID:
Emergency Contact Name:		Phone:
About Your Bike: Complete this	section if you will be operating	a motorcycle with the ALR. Enter N/A if you will be a passenger.
Make:	Model:	Displacement:
About The Lawyers: Please in	itial the following statement tha	t applies and place a large "X" through the one that does not:
state, city and/or local lid insurance for myself, my insurance requirements. or a valid Motorcyclist Te status changes, I will red	censing and registration rown passengers and my mobility and my mobility and also certify that I carry emporary Instruction Perroposat, complete and subn	ed above is registered in my name and in accordance with equirements. I further certify that I carry property and liability torcycle, which is at least the minimum state. City and/or local a valid driver's license with either a motorcycle endorsement mit in accordance with state, city and/or local laws. If my nit a new Member Information Form.
I will not be operating a	motorcycle as an America	r:
referred to as "The American Legion property or injury to persons including the property of injury to persons including the property of the pr	on Riders" or simply as "F ding myself during Riders I understand and agree all Riders activities. I rele ny personal property that eans I agree not to sue th	d the American Legion Motorcycle Association (henceforth Riders"), shall not be liable or responsible for damage to activities, even where the damage or injury is caused by that all Riders members and their guests participate ease and hold the Riders officers and the American Legion may result through my participation in the Riders and/or their ne Riders officers, whether local, state or national, nor The operty in connection with any Riders activities.
Signed:		Date: