The American Legion Riders

Post 582, Copperas Cove, Texas

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: ____/____/_____ E-mail address: _____

Check one.

Member of: ☐ Legion ☐ SAL ☐ Auxiliary at Post # _____ AL/SAL/Aux Member#: _____

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 riding a motorcycle with the ALR. Cross it out if you will be a passenger

Make: _____ Model: _____ Displacement: _____

About the lawyers: Check the box alongside the appropriate statement below, draw a large "X" through the statement that does not apply to you, and sign and date BOTH sections. If you do not own a motorcycle, also put a large "X" through the "*About your bike*" section.

☐ **"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. If my status changes, I will request, complete, and submit a new Member Information Form."

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.

Form ALR|MIF20040615 To be renewed annually and kept on file.

ALR Membership Number: _____

Event	Date	Initials #1	Initials #2
Ride # 1	_____	_____	_____
Ride #2	_____	_____	_____
Social #1	_____	_____	_____
Social #2	_____	_____	_____
G. Meeting	_____	_____	_____
Breakfast	_____	_____	_____

Annual Renewal Information

I certify all information on my initial application is still true and valid. Any changes to rider status, address or phone numbers will be noted either on the front of this application or on a new form as necessary.

Printed Name	Signature	Date
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

ALR Membership Number: _____