



American Legion Riders, Post 39
206 N. Gilbert Road, Gilbert Arizona
Application/Renewal for Membership

About you: _____ Rider _____ Supporter

First Name: _____ Last Name: _____

Address: _____ City _____ Zip Code: _____

Phone: _____ E-Mail Address: _____

EMERGENCY CONTACT:

Name: _____ Phone No.: _____

ABOUT YOUR MOTORCYCLE (rider only):

Make: _____ Model: _____ Displacement: _____

I, the undersigned, certify that the motorcycle listed above is registered in my name in accordance with the state, city and/or local licensing and registration requirements. I further certify that I carry property and liability insurance for myself, my passenger, and my motorcycle, which meets or exceeds the minimum state, city, and/or local insurance requirements. I also certify that I carry a valid driver's license and motorcycle endorsement in accordance with state, city and/or local laws where licensed/registered. If my status changes, I will request, complete and submit a new application for membership form.

Signed: _____ Dated: _____

ALL RIDERS & SUPPORTERS MUST SIGNIFY THEIR UNDERSTANDING OF THIS AGREEMENT BY SIGNING BELOW:

I, the undersigned, agree that the American Legion and the American Legion Riders (referred to as "Riders") shall not be liable or responsible for damage to property or injury to persons including myself during any Rider function/activity, even where damage or injury is caused by negligence (except willful neglect). I understand and agree that all Rider/Supporter members and their guests, participate voluntarily, and their own risk in ALL rider activities. I release and hold the Rider 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 this means that I agree not to sue the Riders Officers, whether local, state, or national, nor the American Legion for injury resulting to myself or my property in connection with any Rider activities.

BY SIGNING THIS DOCUMENT, I AGREE TO UPHOLD THE BY-LAWS OF THE AMERICAN LEGION RIDERS POST 39.

Signed: _____ Dated: _____

-----**Official Use Only**-----

Legion Entity Verified & Number: _____ DL Verified: _____ Insurance Verified: _____

Registration Verified: _____ Dues Paid: _____ Receipt Number: _____

ALR Membership #: _____