

American Legion Riders

Post 365 COLLINSVILLE IL 62234 <u>Application for Membership</u>

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. Member of: Legion SAL Auxiliar	ry at Post # Member#:
Emergency Contact Name: This is who we would contact.	Phone: ()
About your bike: Complete this section if you will be riding	
Make: Model:	Displacement:
requirements. I also certify that I carry a valid driver's Temporary Instruction Permit in accordance with state complete, and submit a new Member Information Form. ———————————————————————————————————	be participating in American Legion Rider events as a passenger. If my
	allow me to wear any other colors besides theirs. YES NO
Signed: All members must signify their understanding and certification.	Date:ation of the relative section above by signing and dating here.
"I, the undersigned, agree that the American Legion, as referred to as 'The American Legion Riders' or simply property or injury to persons including myself during any negligence (except willful neglect). I understand and a voluntarily, and at their own risk in all Riders activities. I harmless for any injury loss to my person or property that	nd the American Legion Motorcycle Association (henceforth as 'Riders'), shall not be liable or responsible for damage to Riders activities, even where the damage or injury is caused by agree that all Riders members and their guests participated release and hold the Riders officers and the American Legion may result through my participation in the Riders and/or their sue the Riders officers, whether local, state or national, nor the