

AMERICAN LEGION RIDERS

POST 147 JOHNS ISLAND, S.C.

Membership Application & Information Form

Membership dues are \$10 annually.

Last Name: _____ First Name: _____ Road Name: _____

Mailing address _____ Apt# _____ City: _____ State: _____ Zip: _____

E-Mail Address _____ Home Phone _____ Cell: _____

Spouse/Passenger Name _____

ABOUT YOUR BIKE:

Make _____ Model _____ Year _____ Color _____ Years Riding _____

Your membership in one of the Legion family organizations is mandatory. Check affiliation.

I am a member of: American Legion _____ SAL _____ AUX _____

Post# _____ Membership Number _____ Branch of Service _____

About your liability:

_____**Riders Initials:** _____, "I, the undersigned, certify that I meet all of the licensing and insurance requirements for the State of South Carolina Department of Motor Vehicles, and that the motorcycle listed above or any future motorcycle I ride during Rider events is registered and insured in accordance with South Carolina licensing and registration requirements. If my status changes, I will complete and submit a new Membership application."

_____**Passenger initials:** _____, I, am joining as a spouse or passenger of the above referenced Rider, and qualify as a member in good standing with American Legion Post # _____. My membership # is _____. I will not be operating a motorcycle but will be participating in American Legion Rider events. If my status changes, I will complete and submit a new Membership application."

"I/We" understand and agree that all rider members and their guests participate voluntarily, and at their own risk during Rider activities. "I/We the undersigned agree that the American Legion and the American Legion Riders Association shall not be held responsible for damage or injury to my vehicle, my person or my passenger during Rider activities. I release and hold Rider officers and the American Legion harmless for any injury or loss.

As a candidate for membership into the American Legion Riders it is understood that current membership in good standing with one of the Legion family organizations is mandatory. Your application and verification of the same shall be presented during a regular chapter meeting where a majority vote of those voting members present shall elect or reject your application to become an American Legion Rider.

By signing this document, I agree to all terms herein.

Rider: _____ Date: _____

Passenger _____ Date: _____

ALR Rep: _____ Date: _____

Post Commander: _____ Date: _____

