



American Legion Riders

Chapter (###)

City, State



Member Information Form/ Application for ALR Membership

About You:

Last Name _____ First Name _____

Nickname/Rider Name: _____

Home Address: _____

City: _____ State: _____ Zip Code: _____

Cell Phone: (____) _____ - _____ Email Address: _____

Birthday: ____/____/____ Spouse Name: _____

Emergency Contact: _____ Cell Phone: (____) _____ - _____

(this is the person that will be contacted in the event something should happen to you)

Member of: __ American Legion __ American Legion Aux __ SAL Member #: _____
(Legion, ALA, SAL)

About your bike: complete this section if you will be riding a motorcycle with the ALR. Do not fill out if you are a passenger

Make: _____ Model: _____ Displacement: _____

Check the box alongside the appropriate statement below, draw a large X through the statement that does not apply to you. Sign and date both sections.

- 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 a Motorcycle endorsement 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.

Member Signature _____ Date _____

New _____ Renew _____ Card # _____ Exp. Date _____

Amt Rcvd\$ _____ Cash _____ Check # _____ To be renewed annually and kept on file.