

AMERICAN LEGION RIDERS

ADJUTANT & MEMBERSHIP TRAINING

Cherie Korn, District 4 ALR Chairman



Article I, Section 4: Duties, #4

Department Adjutant

- I. Records minutes of all Committee activities.
- II. Maintains copies of minutes and reports.
- III. Handles all administrative functions and correspondence of the Committee at the direction of the Chairman.



Article II, Section 5:Duties, #3

*Chapter Adjutant/Finance Officer**

A. Adjutant

- I. Shall Maintain Membership Records sufficient to Establish:
 1. Members in good standing
 2. Eligibility to be a Rider
 3. Members contact information
 4. Motorcycle license and local insurance requirements
 5. Maintain membership records of members who are current and in good standing and provide an accurate roster.
 6. Send delinquent notices to members whose dues have lapsed and to those Lifetime members who have not provided proof of eligibility by January 1st.
- II. Maintains a full and accurate record of all chapter proceedings

***In Smaller Chapters the Adjutant may also be required to assume the Finance Officer Position**



Article II, Section 5:Duties, #3

Chapter Adjutant/Finance Officer

B. Finance Officer

- I. Maintains accurate records of all transactions by the sponsoring Post's financial requirements.
- II. Deposit funds in assigned bank account and disburse funds as approved by the Chapter.
- III. Provides financial reports to the sponsoring Post Executive Committee monthly.
- IV. Collect dues as required.

Learn More by Attending the Financial Officer Training



ADJUTANT DUTIES AT-A-GLANCE

- Support Your Director
- Record Accurate Minutes of Meetings
- Keep Records Accurate, Timely, Current and Secure
- Distribute Minutes via Email (If approved method by your Chapter)
- Officer Reporting/CPR & Addendum

-To Learn More, Attend the Reporting & Chapter of the Year Class-

- Membership Validation *
- Attach all Copies of Reports with the Minutes
- Keep Information Flowing – Both Ways

***If Adjutant is Responsible for Membership**



MEETING MINUTES TEMPLATE

AMERICAN LEGION RIDERS, CHAPTER xxx

General Membership Meeting Minutes _____ 2022

Meeting called to order by Director XXXXX XXXXX @ _____ am/pm

Opening Ceremonies

Roll Call: Roster available upon request.

Quorum achieved

22 current members in Attendance.

Correspondence: _____

New Members: _____

Introduction of Guests _____

Reading of the Minutes

The minutes have been posted online. Motion to accept by _____, second by _____ and approved.

Financial Report _____ provided the financial report. Motion to accept, *subject to audit*, by _____, second by _____ and approved.

Additional comments _____



MEETING MINUTES TEMPLATE

- **Officer's Reports:**

- Director _____
- Asst. Director _____
- Chaplain _____
- Road Captain _____
- Safety Officer _____
- Quarter Master _____
- Membership _____

- **Committee Reports:** _____

- **Old Business** _____

- **New Business** _____

- **Good of the Riders** _____

- **Additional Comments:** _____

- **Next meeting Scheduled:** _____

- **Meeting Adjourned @** _____ **am/pm**

ALR STANDING RULES

1. OPTIONAL POSITIONS

MEMBERSHIP

- I. Maintain membership records of members who are current and in good standing and provide an accurate roster. Maintain the members contact information and current release forms.
- II. Inform all members of the information required to maintain current membership no later than 30 days before their due date.
- III. Send a delinquent notice to members whose dues have lapsed and to those Life-Time Members who have not provided proof of eligibility
 - by January 1st.
- I. Provide a list of members who are delinquent over 30 days from January 1st, thus making them not current and therefore “members not in good standing.”
- II. Maintain a supply of blank membership cards and applications.
- III. Collect yearly dues and issue membership cards to eligible and approved
 - members upon verification of current membership.
- I. Provide a detailed report of current membership during monthly meetings.
- II. All monies collected above the \$25.00 shall be promptly turned over to the Finance Officer for deposit.
- III. Membership Chair will send out a current roster to all members at a minimum of every six months. Members who do not want their information published will notify the membership chairman.



MEMBERSHIP AT-A-GLANCE

- Validation of Membership
 - Dues **MUST** be current ie: Legionnaire, Auxiliary, or SAL
 - If Membership is at another Post, ensure Post does not have a Rider Program & ensure member is in good standing at their home Post
- Accident Waiver/Release of Liability Form
 - Signature Required - Update Annually
- Incorporate ALR Membership Renewal w/Post's Early Bird Membership Drive
- Provide Chapter Membership Information for CPR/Addendum by May 1st to Post Adjutant
 - # of Legionnaires, Auxiliary, SAL
- Keep Accurate Records
- Provide a Membership Packet
- Perform Routine Audits



NEW MEMBER PACKET


Once the Potential Member is Voted into the Chapter

- Welcome Letter from the Director
- Accident Waiver/Release of Liability
- Emergency Contact Information
- Medication Listing
- Standard Operating Procedure
- Chapter's Standing Rules
- Membership Card



REQUIRED DOCUMENTATION

ALR # El _____
 Cash _____ Check _____
 Copy to Finance _____
 Copy to Adjutant _____
 Mobip Log Entry _____



Year _____
 New
 Renewal

CHAPTER POST# _____
 Address: _____ Email: _____
Member Information Form/Application for Membership
About You: Complete this section in its entirety.

Name: Last _____ First _____ Nickname _____
 Home Address: _____
 City: _____ State: _____ Zip: _____
 Home Phone: (____) _____ Cell Phone: (____) _____
 Wife/Husband: _____
 Birth Date: ____/____/____ email address: _____

Check one
 Member of Legion SAL Auxiliary Post # _____ Member # _____ AL/SAL/AUX
 Emergency Contact Name: _____ Phone: (____) _____

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/CC: _____

Check the box alongside the appropriate statement below and 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 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.

I am joining as a Supporter under the following Rider Sponsor: _____
 I will not be operating a motorcycle as an American Legion Rider, but may be participating in American Legion Rider events as a supporter. 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 (hereforth referred to as "The American Legion Riders" or simply as "ALR"), shall not be liable or responsible for damage to property or injury to persons including myself during any ALR activities, even where the damage or injury is caused by negligence (except willful neglect). I understand and agree that all ALR members and their guests participate voluntarily, and at their own risk in all ALR activities. I release and hold the ALR Officers and the American Legion harmless for any injury loss to my person or property that may result through my participation in the ALR and/or their activities. I understand that this means that I agree not to sue the ALR officers, whether local, state, or national, nor the American Legion for any injury resulting to myself or my property in connection with ALR activities."

Signed: _____ Date: _____
All members must signify their understanding and agreement with the above by signing and dating here.

Approved By: _____ Date: _____

Membership Application

Accident Waiver

Participant Accident Waiver/Release of Liability Form

1. I acknowledge that motorcycle activity is a potentially hazardous activity, which can be a test of a person's physical and mental limits and carries with it the potential for death, serious injury and property loss. The risks include, but are not limited to, those caused by terrain, facilities, temperature, weather, condition of rider's equipment, vehicular traffic, actions of other people including, but not limited to participants, volunteers, and spectators. These risks are not only inherent to riders, but are also present for passengers, spectators and volunteers. I hereby assume all the risks of participating and/or volunteering in this event. I realize that liability may arise from negligence or carelessness on the part of the persons or entities organizing or conducting this event and hereby release them of all possible liability. I certify I am at least 18 years old. I promise not to sue and agree to pay all court costs and all attorney fees that result from my action, civil or otherwise.

2. I certify that I am physically fit with no known physical or mental impairment and have prepared for participation in the event(s). I acknowledge that this Accident Waiver and Release of Liability form will be used by the event holder, sponsors and organizers of the event(s) in which I may participate and that it will govern my actions and responsibilities at said event(s). I certify that I am not under the influence of any narcotic, alcohol or other drug that may impair my understanding or judgment and that I will not at any time during the event(s) operate my motorcycle under the influence of any narcotic, alcohol or drug. I certify that I have fully adequate insurance to cover all medical claims, the motorcycle and any other equipment and any damage or liability I may ultimately be found responsible for during all travel connected with the event(s). I further certify that I have all the insurance required by law and I am licensed and competent to operate a motorcycle in a safe manner and my license has all motorcycle endorsements or certificates required by my state of residence. On Department of Florida or National motorcycle events, a minimum of 750cc will be required to participate.

3. In consideration of my being permitted to participate in the event(s), I hereby take action for myself, my executors, administrators, heirs, next of kin, successors, and assigns as follows: (A) Waive, Release and Discharge from any and all liability for my death, disability, personal injury, property damage, property theft or actions of any kind which may hereafter accrue to me during the event(s) or during my traveling to and from the event(s); (B) THE FOLLOWING ENTITIES OR PERSONS: The American Legion, officers, sponsors, volunteers and (B) indemnify and Hold Harmless the entities or persons mentioned in this paragraph from any and all liabilities or claims made by other individuals or entities as a result of any of my actions during the event(s). Accordingly, I do hereby release and discharge The American Legion, officers, sponsors, and volunteers from all claims, demands, and causes of action of every kind whatsoever for any death, damages and/or injuries which may result from my participation in the event(s). This shall be construed broadly to provide a release and waiver to the maximum extent permissible under applicable law.

4. I hereby consent to receive medical treatment, which may be deemed advisable in the event of injury, accident and/or illnesses during the event(s). I agree to pay for all costs related to medical response, treatment and transport on my behalf.

5. I certify I will wear the personal protective equipment while operating my motorcycle at the event(s) that is or may be required by Florida and/or any state in which my participation occurs and that my motorcycle and all required personal protective equipment are in safe operational condition. I agree to abide by the directions/rules given by the organizers of the event(s) and understand that my privilege to ride may be removed without refund if I am in violation of the rules set forth or acting/performing in an unsafe manner, or any manner disruptive to the operation of the event(s).

NAME: _____ PHONE #: _____
 EMERGENCY CONTACT: _____ PHONE #: _____
 EMAIL: _____ CHAPTER#: _____
 SIGNATURE: _____ DATE: _____
 American Legion Riders
 Chapter# _____
 Address: _____
 Road Captain/Safety Officer: INITIALS _____

***To be Kept on his/her person or bike**

I AM TAKING THE FOLLOWING MEDICATIONS INCLUDING OVER THE COUNTER AND HERBAL PRODUCTS

| DRUG NAME | STRENGTH | DOSAGE | HOW OFTEN/WHEN | WHAT IT IS FOR |
|-----------|----------|--------|----------------|----------------|
| | | | | |
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HAVE THIS VERIFIED BY YOUR PHYSICIAN OR PHARMACIST EACH VISIT. KEEP THIS CARD WITH YOU AT ALL TIMES.

| MEDICAL CONDITIONS (DIABETES, ETC.) | ALLERGIES (PENICILLIN, SULFA, ETC.) | REACTION TO ALLERGIES |
|-------------------------------------|-------------------------------------|-----------------------|
| | | |
| | | |
| | | |
| | | |
| | | |

*Medication Listing

Fill out the form, print **two** copies, double sided and cut along the outer dotted line. One copy will be provided to your road captain and you will be given a plastic sleeve for the other.

INSURANCE INFORMATION

COMPANY _____ POLICY # _____ PHONE _____
 ADDRESS _____
 CITY _____ STATE _____ ZIP _____
 PHONE (____) _____
 DATE OF BIRTH _____ MALE FEMALE
 RELIGION _____
 DATE THIS MEDICAL FORM WAS COMPLETED ____/____/____
 MEDICARE # _____

PHYSICIANS _____ PHONE _____
 DR. _____ (____) _____
 DR. _____ (____) _____
 DR. _____ (____) _____

PLEASE CONTACT THE PERSON(S) OR ORGANIZATION(S) LISTED BELOW FOR INFORMATION ON LIVING WILL OR DONOR INFORMATION

NAME _____
 PHONE (____) _____
 NAME _____
 PHONE (____) _____

PHARMACIST _____
 PHARMACY LOCATION _____
 PHONE (____) _____ FAX (____) _____
 BLOOD TYPE _____ HEIGHT _____ WEIGHT _____
 DATE OF YOUR LAST TETANUS SHOT ____/____/____
 DATE OF YOUR LAST PNEUMONIA SHOT ____/____/____
 DATE OF YOUR LAST FLU SHOT ____/____/____
 STREET # 0000 METERS # 00000000

+ EMERGENCY MEDICAL RECORD +

AMERICAN LEGION RIDERS
 (317) 630-1265
 www.legion.org/riders

ATTENTION POLICE & MEDICAL PERSONNEL

IN CASE OF EMERGENCY PLEASE NOTIFY

NAME _____
 ADDRESS _____
 CITY _____ STATE _____ ZIP _____
 PHONE (____) _____
 LIVING WILL? YES NO DONOR? YES NO
 DURABLE POWER OF ATTORNEY FOR HEALTH CARE? YES NO

*Emergency Contact Information



MEMBERSHIP TEMPLATE

| LAST NAME | FIRST NAME | ROAD NAME | ADDRESS | City | State | Zip | MEMBERSHIP | EMAIL | PHONE | DATE JOINED | POST 138 MEMBERSHIP | REMARKS | YRS | PAID 2022 |
|-----------|------------|-----------|------------------|-------|-------|-------|------------|------------------------------------------------------------|--------------|-------------|---------------------|--------------|-----|-----------|
| Smith | Joe | Bomber | 124 Ohio Ave | Tampa | FL | 33611 | Supporter | jsmith@gmail.com | 813-998-4567 | 08/01/05 | Legionnaire | | 16 | PAID |
| Brown | Duane | Pop | 765 Iowa St | Tampa | FL | 33615 | FULL | popbrown@yahoo.com | 305-222-9864 | 10/01/05 | SAL | Road Captain | 16 | PAID |
| Crow | Jane | Spider | 8876 Lankford Rd | Tampa | FL | 33616 | FULL | jcspider@att.com | 813-765-8866 | 10/01/16 | Auxiliary | | 6 | PAID |
| James | Jerry | Road Kill | 876 99th Street | Tampa | FL | 33611 | FULL | jjames@gmail.com | 765-980-6523 | 01/01/15 | Legionnaire | Director | 7 | PAID |
| | | | | | | | | | | | | | | |
| | | | | | | | 2 | LEGIONNAIRE | | 3 | FULL | | | |
| | | | | | | | 1 | SAL | | 1 | SUPPORTER | | | |
| | | | | | | | 1 | AUXILIARY | | | | | | |
| | | | | | | | 4 | TOTAL | | 4 | TOTAL | | | |
| | | | | | | | | | | | | | | |

Template can be Found on the Website!



QUESTIONS??

