AMERICAN LEGION RIDERS

ADJUTANT & MEMBERSHIP TRAINING

Melanie Caputo, District 6 Adjutant



Article I, Section 4: Duties, #4 Department Adjutant

- . 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*

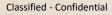
A. Adjutant

- 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.
 - 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



MERIC



Article II, Section 5:Duties, #3 *Chapter Adjutant/Finance Officer* B. Finance Officer

- 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





MEETING MINUTES TEMPLATE

AMERICAN LEGION RIDERS, CHAPTER xxx

General Membership M	eeting Minutes	2024
Meeting called to order by Director XXXXX XXXXXX @	@am	n/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 accurate and approved.	cept by	, second by
Financial Report provide by, second by and approximation		port. Motion to accept, <i>subject to audit</i> ,
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.



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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
 - **Future Riders** Must be a junior member of The Sons of The American Legion or The American Legion Auxiliary and identified by a "Future Rider" patch.
- Accident Waiver/Release of Liability Form
 - Signature Required Update Annually
 - The parent or legal guardian must sign the Participant Accident Waiver/Release of Liability form
- 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



with inthe, 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 change, i will request, complete, and submit a new Member Information Form."

passenger. If my status changes, I will request, complete, and submit a new Member Information Form."

[] " i mojoining au s Supporter under the following Edder Spensor "Will not be operating a notextycle sa America Legder <u>Sheder</u>, Spin may be participating in American Legdon Edder events as a supporter. I' my status changes, I will request, complete, and submit a sawer Mamber Information Form." Simmed: Date:

All numbers uses signify their understanding and conflictions of the nutrier section above by quiping and during iters. The numbers right of the section of

Signed: _____ Date: _____ Date: ______ All members must signify their understanding and apprement with the above by signing and daring here.

Membership Application



Participant Accident Waiver/Release of Liability Form

1. Jakowościęcy hat motorycje serviny is a pozestały bazedou satwiny, which can be ster of a person i physical and menzi lamits and acresis with it hat potentiał for deski seciosa injury and progrety loss. The risks include but za mol limited to particulary and acresis with it has been injury and any acresis section and acresis with it has been injury and acresis with it has been injury and a potentiał for deski seciosa injury and any acresis induk but za station of order jese jeś including, but za station of order jese jeś including, but za to limited to participats; volumeters, in a deski present for passangers, spectators and volumeters. I hereby assume all the risks of participating and/or volumetering in the seven I realize that habitity may arise from neglegaces or createrisens on the part of the partons, or entities organizang or conducting this event and hereby release them of all possible liability. I formany actions, and or other orders, and order of the other states.

2. I certify that I am physically fit with no known physical or mestal impairment and have prepared for participation in the event(i). A inconvelege that this Accident Waiver and Release of Labibity from wilb use deby the event holder, sponsors and organizers of the event(j), is which I may participate and that it will govern my actions and reporting that i ann on tude refer in singless or yan avance, lackhold or other drug that may impair any understanding or judgment and tail will not at any time during the event(j) certified or the drug intervent (j) actions and reporting that is an on tude refer in singless or language that the single constraints of the event(j) operate my motorcycle and any other equipment and any damage or labibity I may ultimately be found responsible for. Intervent to operate a motorycle is and any other equipment and any damage or labibity in any ultimately be found responsible for intervent or sponses to neutrolyce in a fast motorycle is and any other equipment and any damage or labibity in any ultimately be found responsible for. The start of residences On Department of Florida or National motorycle execute in space in an intervent of parts of the enders.

3. In consideration of my being permitted to participate in the event(3). I hereby take action for myself my security and antimistrators, being security, and official activation of any beam permitted to participate in the event(3). If ECUOVID DIVITES are considered and antipate the event of the security of outring my transitions property thefor actions of any kind which may beerafar accurst on the during the event(3). The ECUOVID DIVITES are considered and antiset of the security of the ECUOVID DIVITES and the security of the ECUOVID DIVITES are considered and any of my actions them in the paragraph from any and all babilities or calum security. The ECUOVID DIVITES are considered and of the magnetized accurate the security of the ECUOVID DIVITES and the security of the ECUOVID DIVITES are considered and any of my actions them there were the security. I do bready related are considered and any of my actions them there were the security. I do bready related and the security of the ECUOVID DIVITES are constanting to the security of the security of the ECUOVID DIVITES are constanting to the security of the security of

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 1 will wear the personal protective equipment while operating my motorcycle at the even(c) that is or may be required by Provide and (or any rate in which my participation occurs and that my motorcycle and all required personal protective equipment are in a field operational condition. I agree to abide by the directions/rules given by the organizer of the even(c) and understand that my protrice) to risk my strain of the rules set forth or a scing/spectrum or the set of the s

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

DRUG NAME	STRENGTH	DOSAGE	HOW OFTEN/WHEN	WHAT IT IS FOR		

HAVE THIS VERIFIED BY YOUR PHYSICIAN OR PHARMACIST EACH VISIT, KEEP THIS CARD WITH YOU AT ALL TIMES.

MEDICAL CONDITIONS INARETES ETC.I

ALLERGIES IPPRICILING SIN IN, ETC.I

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.

COMPAN

PHYSICIAL

PLEASE CONTA

PHONE (

NAME

PHONE (

PHARMACIST PHARMACY LOCAT

PHONE (

BLOOD TYPE

DATE OF YOUR LAS

DATE OF YOUR LAS

DATE OF YOUR LAS

HEDICARE #

DR.

DR.

RANCE INFO	RMATION	NAME
POLICY #	PHONE	ADDRESS
		CITY STATE ZIP
		PHONE ()
		DATE OF BIRTH
		RELIGION
	PHONE	DATE THIS MEDICAL FORM WAS COMPLETED / /
	1	+ EMERGENCY MEDICAL RECORD +
ON ON LIVING WILL OR C	DONOR INFORMATION	AMERICAN LEGION RIDERS (317) 630-1265
W ON LIVING WILL OR O	20NOR INFORMATION	RIDERS
W ON LIVING WILL OR O		RIDERS (317) 630-1265 Www.legion.org/riders
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	J	RIDERS (317) 630-1265 Www.legion.org/riders
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FAX (Height	J	RIDERS (317) 630-1265 Www.legion.org/riders ATTENTION POLICE & MEDICAL PERSONNEL IN CASE OF EMERGENCY PLEASE NOTIFY MARE ADDRESS 017 STATE 20

*Emergency Contact Information



*To be Kept on his/her person or bike

MEMBERSHIP TEMPLATE

LAST NAME		ROAD NAME	ADDRESS	City ~	State 👻	Zip	MEMBERSHIP	EMAIL	PHONE	DATE JOINED	POST 138 MEMBERSHIP	REMARKS	YRS	PAID 2024
EXAMPLE	Joe	Bomber	124 Ohio Ave	Tampa	FL	33611	Full	jsmith@gmail.com	813-998-4567	08/01/05	Legionnaire	Director	16	PAID
							1	LEGIONNAIRE		1	FULL			
							0	SAL		0	SUPPORTER			
							0	AUXILIARY		0	FUTURE RIDERS			
							1	TOTAL		1	TOTAL			
			embership Roster											

Template can be Found on the Website!



QUESTIONS??

