

Cash \_\_\_\_\_ Check \_\_\_\_\_  
 Copy to Finance \_\_\_\_\_  
 Copy to Adjutant \_\_\_\_\_  
 Mbrship Log Entry \_\_\_\_\_



Year \_\_\_\_\_  
 New  
 Renewal

CHAPTER \_\_\_\_\_

Address: \_\_\_\_\_

Chapter Email: \_\_\_\_\_

**FUTURE RIDER Application for Membership**

**About You:** Complete this section in its entirety.

Name: Last \_\_\_\_\_ First \_\_\_\_\_ Nickname \_\_\_\_\_

Home Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Cell Phone: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Parent/Legal Guardian: \_\_\_\_\_

Birth Date: \_\_\_\_/\_\_\_\_/\_\_\_\_ email address: \_\_\_\_\_

Check one

Member of:  Jr. SAL  Jr. Auxiliary Post # \_\_\_\_\_ Member #: \_\_\_\_\_

Emergency Contact Name: \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

This is who we can contact should something happen to you.

"I am joining as a Future Rider 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."

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

Parent/Legal Guardian Signature: \_\_\_\_\_

Date: \_\_\_\_\_

"I, the undersigned, agree that the American Legion, and the American Legion Motorcycle Association (henceforth 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."

All members must signify their understanding and certification of the relative section above by signing and dating here.

Approved By: \_\_\_\_\_ Date: \_\_\_\_\_