



The American Legion Riders

Charles R Wilber Post 106
PO Box 115, Sharon, MA 02067



Membership Application

Name: _____

Nickname: _____ DOB: _____

Address: _____ City: _____

State: _____ ZIP: _____

Home Phone: (____) _____ - _____ Cell: (____) _____ - _____

Email: _____

District # _____ Post # _____ Status: Legion Auxiliary SAL

Motorcycle Information: Make _____ Model _____

CC _____

(RELEASE – PLEASE READ BEFORE SIGNING)

I agree that the American Legion and or the American Legion Riders shall not be responsible for damage to property or any injury to person including myself during any Legion Riders activities, even where the damage or injury is caused by negligence. I understand that and agree that all Legion riders members and their guests participate voluntarily and at their own risk in all Legion Riders activities, I release and hold the Legion Riders officers and the American Legion harmless for any injury or loss to my person or property which may result there from. I understand that this means that I agree not to sue the American Legion officers and the American Legion for any injury resulting to myself or my property in connection with any Legion Riders activities.

I certify that I have a valid motorcycle driver's license and proper insurance

Signature: _____ Date: _____

Membership No. _____ Post No. _____