



The American Legion Riders 109

Application for Membership Form

McCulloch-Wagner POST 109

15921 S. Houghton Rd., Corona De Tucson, Arizona 85641

POST Phone # 520-762-5652

www.ALR109.com

This application must be completed in full. Once completed, please ensure that it is turned into the ALR109 membership officer. In order to be considered for this membership application, you must first be a current member in GOOD STANDING of one of the American Legion entities; Legion, SAL or AUX. Your application will be presented to the membership at the next monthly membership meeting. Your attendance at that meeting is required. You will be notified by the ALR Membership Officer of that meeting date.

| | | | | | | | |
|---------------------------------|------|--|------------------------------|--|-------------------|--|--------------------|
| Last Name | | | | | First Name | | |
| Date of Birth | | | Nickname / Rider Name | | | | |
| Home Address | | | | | | | |
| | City | | State | | Zip | | |
| E-Mail Address | | | | | PH # | | |
| Spouse Name | | | | | PH # | | |
| Emergency Contact | | | | | PH # | | |
| Your Entity Membership # | | | | | Legion | | POST # → |
| | | | | | S.A.L. | | |
| | | | | | AUX | | |

About the lawyers: Check the box alongside the appropriate statement below, draw a large "X" through the statement that does not apply to you, and sign and date BOTH sections. If you do not own a motorcycle, also put a large "X" through the "About your bike" section.

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 Size) | |
|-------------|--|--------------|--|-------------------------------|--|



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"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."

| | | | |
|--------|--|------|--|
| 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 (henceforth referred to as 'The American Legion Riders' or simply as 'Riders'), shall not be liable or responsible for damage to property or injury to persons including myself during any Riders activities, even where the damage or injury is caused by negligence (except willful neglect). I understand and agree that all Riders members and their guests participate voluntarily, and at their own risk in all Riders activities. I release and hold the Riders officers and the American Legion harmless for any injury loss to my person or property that may result through my participation in the

Riders and/or their activities. I understand that this means that I agree not to sue the Riders officers, whether local, state or national, nor the American Legion for any injury resulting to myself or my property in connection with and Riders activities."

| | | | |
|--------|--|------|--|
| Signed | | Date | |
|--------|--|------|--|

****All members must signify their understanding of and agreement with the above by signing and dating here.**

Form ALR|MIF20040615 to be renewed annually and kept on file. ALR Membership Number: _____