

The American Legion Riders

Post 12, Dothan, Alabama Member Information Form/Application for Membership

About You: Complete this section in	its entirety.	
Last Name:	First N	ame:
Nickname/Rider Name:		
Home Address:		Apt:
City:	State:	Zip:
Home Phone: (Cell Ph	one: ()
Wife/Husband:		
Birth Date://	Email Address:	
Member of: Legion S	AL Auxiliary at Post #	Member #
Emergency Contact Name:		Phone: ()
About Your bike: Complete this so	ection if you will be riding a motorcycl	le with the ALR. Cross it out if you will be a passenger.
Make:	Model:	Displacement:
at least the minimum state, city, and/or loc endorsement or a valid Motorcyclist Tempo request, complete, and submit a new Mem "I am joining as a passenger of the followin	cal insurance requirements. I also certify to orary Instruction Permit in accordance wit ber Information Form."	e for myself, my passengers, and my motorcycle which meets that I carry a valid driver's license with either a cycle th state, city, and/or local laws. If my status changes, I will the state in American Legion Rider events as a passenger. If my
situation changes, I will request, complete,		
"I, the undersigned, agree that the America Legion Riders' or simply as 'Riders'), shall no Riders activities, even where the damage of and their guests participate voluntarily, and harmless for any injury loss to my person o	an Legion, and the American Legion Motor ot be liable or responsible for damage to p or injury is caused by negligence (except wi d at their own risk in all Rider activities. I r or property that may result though my part Riders officers, whether local, state or nat	e section above by signing and dating here cycle Association (henceforth referred to as 'The American property or injury to persons including myself during any illful neglect). I understand and agree that all riders members release and hold the Riders officers and the American Legion ticipation in the Riders and/or their activities. I understand ional, not the American Legion for any injury resulting to
Signed:	Date: _	e section above by signing and dating here
All members must signify their un	derstanding and certification of the relative	section above by signing and dating here
Form ALR/MIF20040615		To be renewed annually and kept on file

ALR Membership Number: __