



AMERICAN LEGION RIDERS

MEMBER & SUPPORTER APPLICATION

Last Name _____ First Name _____
 Nickname/Rider Name _____
 Home Address _____ Apt# _____
 City _____ State _____ Zip _____
 Home Phone (____) ____ - _____ Cell Phone (____) ____ - _____
 Wife/Husband _____
 Birth Date ____/____/____ Email Address _____ Receive ARL emails: YES _____ NO _____
Check One: Member of: __Legion __SAL __Auxiliary at Post#_____ Membership #_____
 Emergency Contact: Name _____ Phone (____) ____ - _____

About my bike: Complete this section if you will be riding a motorcycle with the ALR.

Make _____ Model _____ Displacement _____

Legal Affidavit: 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. If you do not own a motorcycle and you are joining as a supporter, also draw a large X through the "About your bike" section above.

_____ "I, the undersigned apply as a **Legion Rider Member**

_____ "I, the undersigned apply as a non-dues paying **Supporter** of the Riders

If I own a motorcycle, I certify that **the motorcycle listed above is registered in my and/or my spouses name**, and in accordance with state, city, and/or local licensing and registration requirements. I further **certify that I carry and will maintain 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 a cycle endorsement** in accordance with my state, city, and/or local laws. If my licensing status changes, I will discontinue riding my Motorcycle and I shall request and submit a new Member information form/Application for membership. **Applicant must provide proof of ownership, insurance, motorcycle endorsement and membership of the Legion family prior to being voted in as a member/supporter.**

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 cause by negligence. 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 from my participation in the Riders and/or their activities. I understand that this means that I agree not to hold responsible the Riders officers, whether local, state, or national, nor the American Legion for any injury resulting to myself or my property in connection with any Riders activities." Furthermore I agree to abide by the By-Laws and Standing Rules of ALR 24.

Signed: _____ Date: _____

All applicants, rather for membership or supporter, must signify their understanding of and agreement with the conditions above by signing and dating here.

Complete and mail to:

Roy Fourr American Legion Post 24
Attn: ALR Adjutant
PO Box 247 Tombstone, AZ 85638

FOR ALR24 USE

Application has been vetted by-President/Vice President ALR24 _____ or Adjutant

ALR24 _____ Date vetted _____