



The American Legion Riders

Stinocher Post 460, Solon, IA

Member Information Form/Application for Membership

About You: Please complete this section in its entirety.

Last Name: _____ First Name: _____

Nickname/Rider Name: _____

Home Address: _____ Apt: _____

City: _____ State: _____ Zip: _____

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

Wife/Husband: _____

Birth Date: ____/____/____ email address: _____

Check one.

Member of: Legion SAL Auxiliary Post # _____ AL/SAL/Aux Member#: _____

Emergency Contact Name: _____ Phone: (____) _____ - _____

About your bike: Complete this section if you will be riding a motorcycle with the ALR. Leave it blank if you will be a passenger

Make: _____ Model: _____ Displacement: _____

About the lawyers: Check the box alongside the appropriate statement below and sign and date BOTH sections.

"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.

Complete the form, sign and send to the Solon American Legion, PO Box 113, Solon Ia 52333