



- New Applicant \$20
- Supporter \$10
- Transfer

Post 310 American Legion Riders Motorcycle Association
Membership Application

Nickname: _____

Full Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Birth date: _____

E-mail address: _____ Post Number where you are a member: _____

American Legion Membership Number: _____ Type of Motorcycle: _____

This is a release form, please read before signing

I agree that the American Legion and the American Legion Riders Motorcycle Association shall not be liable or responsible for damage to property or any injury to persons including myself during any American Legion or American Legion Riders activities, even where the damage or injury is caused by negligence. I understand that and agree that all American Legion Rider members and their guests participate voluntarily and at their own risk in all activities of the American Legion and the American Legion Riders. I release and hold the American Legion Riders, the American Legion Riders Officers and the American Legion harmless for any injury or loss to my person or property, which may result therefrom. I understand that this means that I agree not to sue the American Legion Riders, the American Legion Rider Officers or the American Legion for any injury or my property in connection with any American Legion or American Legion Rider activities. I further agree that I am responsible to provide adequate insurance on my motorcycle or any other vehicle I use, operate or am responsible for while participating in an activity of the American Legion Riders to cover liability in case of accident or injury.

Signature: _____ (Must be signed)

Date: _____ Dues paid: _____ Recieved by: _____