



American Legion Riders Post 493

Mystic Island, NJ

www.alriderspost493nj.com

Member Information Form/ Application for Membership

Please Note
 Per Chapter 2014, **Every Member** – Regular, Supporting, or Special Class Life – must complete and file a new form each year. **Only one** member's information should appear on this form. **Those joining as spouses** must complete their own form.
Membership Year: 2019
Membership # NJ 493-00

Legion Riders Post 493 Supporter

About You: Complete this section in its entirety.

Check one: I am a New Member I am Renewing

Last Name: _____ First Name: _____

Nickname/Rider Name: _____

Home Address: _____ Apt: _____

City: _____ State: _____ Zip: _____

Home Phone: (609) _____ - _____ Cell Phone: (609) _____ - _____

Wife or Husband's Name: _____

Birth Date: ___ / ___ / _____ email address: _____

Member of (check one) Legion Auxiliary SAL at Post # 493 AL/Aux/SAL Member #: _____

Emergency Contact Name: _____ Phone: (609) _____ - _____

This is who we would contact should something happen to you. Cell (732-779-0520)

About your bike: Complete this section if you will be riding a motorcycle with the A.L. Riders. Cross it out if you will be a passenger.

Year: N/A Make: N/A Model: N/A Displacement: N/A

About the lawyers: Check the box alongside the appropriate statement below. Motorcycle owners should check the first section (in **bold**), sign and date it and the last section. Spouses should check the second section (in *italics*), sign and date it and the last section, and draw a large "X" through the "About your bike" section above. **ALL MEMBERS MUST SIGN AND DATE THE LAST SECTION.**

"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 Motorcycle 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."

Signed: _____ Date: _____

Sign and date here to signify your understanding of an agreement with the above, if it applies to you (box checked).

*"I am joining as a **Passenger/Supporter** of the following Rider: _____ I will not be operation a motorcycle as an American Legion Rider, but may be participating in American Legion Rider events as a Passenger/Supporter. If my status changes, I will request, complete, and submit a new Member Information Form."*

Signed: _____ Date: _____

Sign and date here to signify your understanding of an agreement with the above, if it applies to you (box checked).

"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, or 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.

Dues for New Members are \$50.00 to join, Renewal for membership is \$25.00 for year. Mail completed application with dues payment in a form of **check or money order payable to American Legion Riders Post 493**, a **COPY** of your 2019 American Legion, Auxiliary or SAL Card to: **American Legion Riders Post 493, 420 Radio Road, Mystic Island, NJ 08087.**