

The American Legion Riders of Oregon



Membership Application & Information Form

Membership Dues are \$20.00 Annually

Last Name:	ame:Nick Name / Road Name:			
Mailing Address	Apt #	City	State	Zip
E-Mail Address:	Home Phon	e:	Cell:	
Spouse / Passenger Name:				
About Your Bike:				
Make Model	Year <u>:</u> (Color:	How long have you bee	en riding;
Your membership in one of the fam	ily organizations is mandato	ory. Check yo	ur affiliation.	
I am a member of : American Legi	on Auxiliary SAL			
Post # Membership Num	ber:	Branc	h of Service:	
About your liability:				
Rider Initials:, "I, the u Oregon Department of Motor Vehicl registered and insured in accordance submit a new Membership application	es, and that the motorcycle lewith Oregon licensing and r	listed above o	or any future motorcycle I ride	e during Riders events is
Passenger Initials:, "I, a member in good standing with Amer operating a motorcycle but will be panew Membership application."	ican Legion Post #	My membe	ership number is	I will not be
"I / We" understand and agree that a Activities. "I / We the undersigned ag liable or responsible for damage or in Riders officers and the American Leg	gree that the American Legion Digity to my vehicle, my person	on and the An	nerican Legion Riders Associat	tion shall not be held
As a candidate for membership into of the Legion family organizations is chapter meeting where a majority vo American Legion Rider.	mandatory. Your application	n and verifica	tion of the same shall be pres	ented during a regular
By signing this document, I am agree	eing to all terms herein.			
Rider:			Date:	
Passenger:			Date:	
ALR Rep:			Date:	

Post Commander: _____ Date: _____