



AMERICAN LEGION RIDERS POST 977 SUPPORTER PATCH NOMINATION FORM

NOMINEE PERSONAL INFORMATION

NAME: _____
 First Last

ADDRESS: _____
 Street Address Apt/Suite

 City State Zip Code

HOME PHONE: () _____ CELL PHONE: () _____

E-MAIL: _____

DESCRIBE WHY YOU THINK THE NOMINEE QUALIFIES FOR THE SUPPORTER PATCH
PLEASE PRINT CLEARLY

NOMINATED BY: _____ DATE: _____

I acknowledge that I have read and understand the Directives and Policies pertaining to Supporting Members and upon acceptance to the organization, shall adhere to said Directives and Policies and (See back for complete description)

NOMINEE SIGNATURE: _____ DATE: _____

MEMBERSHIP COMMITTEE USE ONLY

FORM REC'D _____ / ____ / ____ PRESENTED AT MEETING _____ / ____ / ____

NOMINEE VOTED ON _____ / ____ / ____ ACCEPTED REJECTED

Supporting Membership Agreement and Policies
This section to be completed only after being voted in.

As a supporting member of the American Legion Riders Post 977 Altamont, NY

I _____ agree to the following Directives and Policies upon acceptance to the organization:

1. I will pay the initial Membership Fee of \$_____ which includes first year membership dues and all patches including, ALR Patch, Rockers (Helderberg Post 977 and Altamont NY) Name Tag (Any patch with the ALR symbol) Payable at the time of swearing into the organization.
2. Any subsequent fee will be the annual Dues fee of \$_____ payable by the annual December Meeting each year.
3. Failure to maintain membership through non-payment of dues or by voluntarily leaving or being expelled will result in my returning all patches described in item 1 above (ALR Patch, Rockers, Name Tag and any patch with the ALR symbol)
4. I will also obey the directives of the leadership of the organization to include the President, Vice President, Secretary, Treasurer, and Sergeant at Arms at all times and appointed Road Captains when on a sponsored motorcycle run.

I have read, understand and will abide by the Bylaws, Oath, Policies and Directives of ALR Post 977 Altamont NY

Signature _____ Date _____

Officer Signature
Or Membership Chairman _____

Patches Purchased/Issued
By Quartermaster _____ Date _____

NOTES: _____