

AMERICAN LEGION RIDERS POST 977 MEMBERSHIP APPLICATION

PERSONAL INFORMATION Please print clearly			
NAME:First	Lot		
ADDRESS:	Last		
Street Address	Apt/Suite		
City	State Zip Code		
HOME PHONE: ()	CELL PHONE: ()		
E-MAIL:	DATE OF BIRTH: //		
EMERGENCY CONTACT:	Phone Number		
LEGION AFFILIATION Attach a copy of your current membership card to your application			
MEMBER OF: LEGION SAL	AUXILIARY POST #:		
MEMBER # REF	ERRED BY:		
MOTORCYCLE INFORMATION Attach a copy of current Registration and Insurance Card to your application			
MAKE: MODEL:	DISPLACEMENT:cc's		
LEGAL CERTIFICATION AND AGREEMENT			
local licensing and registration requirements. I further passengers, and my motorcycle which meets at least the that I carry a valid driver's license with either a cycle of	bove is registered in my name and in accordance with state, city, and/or certify that I carry property and liability insurance for myself, my minimum state, city, and/or local insurance requirements. I also certify endorsement or a valid Motorcyclist Temporary Instruction Permit in status changes, I will request, complete, and submit a new Member DATE:		
	tanding of and agreement with the above by signing and dating here		
as 'The American Legion Riders' or simply as 'Riders'), seen persons including myself during any Riders activities, eveneglect). I understand and agree that all Riders members Riders activities. I release and hold the Riders officers and property that may result through my participation in the	d the American Legion Motorcycle Association (henceforth referred to shall not be liable or responsible for damage to property or injury to en where the damage or injury is caused by negligence (except willful s and their guests participate voluntarily, and at their own risk in all the American Legion harmless for any injury loss to my person or Riders and/or their activities. I understand that this means that I or national, nor the American Legion for any injury resulting to myself		
SIGNED:	DATE:		
All applicants must signify their understanding of and agreement with the above by signing and dating here			
MEMBERSHIP COMMITTEE USE ONLY APPLICATION REC'D / / PRESENTED AT MEETING / / / /			
APPLICANT VOTED ON/	ACCEPTED REJECTED		

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

As a member of the American Legion Riders Post 9// Altamont, NY			
I	agree to the followin acceptance to the organization:	g Directives and Policies	
upon	acceptance to the organization.		
1.	I will pay the initial Membership Fee of \$which membership dues and all patches including, ALR Patchest 977 and Altamont NY) Name Tag (Any patch with at the time of swearing into the organization.	ch, Rockers (Helderberg	
2.	Any subsequent fee will be the annual Dues fee of \$ annual December Meeting each year.	payable by the	
3.	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.	 Provide proof of motorcycle ownership, insurance and proper licensing no later than the June Meeting on an annual basis. 		
5.	 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			
Signat	ture	Date	
	r Signature embership Chairman		
	es Purchased/Issued ıartermaster	Date	
NOTE			