



[ ] New Applicant (\$140) [ ] Renewal (\$30) [ ] Transfer (\$40)

## The American Legion Riders

Post 299, Chapter 299 Chino, CA

### Member Information Form/Application for Membership

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_

Nickname/Rider Name: \_\_\_\_\_

Home Address: \_\_\_\_\_ Apt: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone: (\_\_\_\_\_) \_\_\_\_\_ Cell Phone: (\_\_\_\_\_) \_\_\_\_\_

Wife/Husband: \_\_\_\_\_

Birth Date: \_\_\_\_/\_\_\_\_/\_\_\_\_ E-mail address: (please print clearly) \_\_\_\_\_

Member of: \_\_\_\_\_ Legion \_\_\_\_\_ SAL \_\_\_\_\_ Auxiliary / Post # \_\_\_\_\_ Member#: \_\_\_\_\_

Military Branch (circle all that apply): **Army** **Navy** **Air Force** **Marines** **Coast Guard**

Emergency Contact Name: \_\_\_\_\_ Phone: (\_\_\_\_\_) \_\_\_\_\_

**IMPORTANT – THIS IS THE PERSON WE CONTACT IN THE EVENT OF AN EMERGENCY.**

#### **Required:**

[ ] Insurance Information [ ] Registration [ ] Post Card [ ] License

#### **About your Bike**

Make: \_\_\_\_\_ Model: \_\_\_\_\_ Displacement: \_\_\_\_\_

Check the appropriate box below. "X" through the statement that does not apply to you. Read, sign and date BOTH sections below.

☐ "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 Motorcyclist 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."

☐ "I am joining as a PASSENGER of the following Rider: I will not be operating a motorcycle as an American Legion Rider, but may be participating in American Legion Rider events as a passenger. If my status changes, I will request, complete, and submit a new Application Member Information Form."

Qualified Rider: \_\_\_\_\_

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

**Applicants/Members must signify their understanding and certification of the relative section above by signing and dating here.**

"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, nor the American Legion for any injury resulting to myself or my property in connection with and Riders activities."

Signed \_\_\_\_\_ Date: \_\_\_\_\_

**Applicants/Members must signify their understanding and certification of the relative section above by signing and dating here.**