



This box for official use only: NOTE: All new members must complete application in full *for renewal members only need complete parts that have changed since last renewal or application.

Membership Renewal New Date dues received _____ Card delivered to member # _____
Cash Check Amount paid _____ for _____ year(s) membership.

Membership Application for the American Legion Riders, Lincoln Nebraska Post #3

(Please print so we can read it)

attach your cash, or check for each year's annual dues payment to this application.

Last Name: _____, First Name: _____ MI: _____

What is your nick name or a non offensive handle you wish to be called by: _____?

Home Address: _____ Apt #: _____

City: _____, State: _____, ZIP: _____ DOB: _____

MM/DD/YEAR

E-Mail: _____, Preferred Phone# (____), _____, _____

Can we share your contact info listed above with the Post 3 ALR membership ONLY? Yes , NO

Emergency contact: Name _____, Contact phone # _____

I certify I meet membership requirements-I am a member of the Legion Family: Legion Member # _____

Legion post # _____, **Sons Squadron #** _____, **Auxiliary Unit #** _____

I own (my name is on the title of) a motorcycle (two or three wheeler) that is 350 CC or larger.

The below motorcycle is licensed and Insured according to Nebraska State Laws.

Make: _____, **Model:** _____, **Plate #** _____, **State:** _____

The below is a RELEASE OF LIABILITY AND NOTICE TO APPLICANTS – PLEASE read it or ask for it to be read to you before you sign it

I understand and agree that the American Legion, American Legion Post #3 and the American Legion Riders Post 3 Chapter, shall not be liable or responsible for any damage to property or injury to any persons, including myself, during any American Legion, or American Legion Riders activity, even when the damage or injury is caused by negligence of a member of the American Legion, or American Legion Riders. I understand and agree that all American Legion Riders and their guests participate voluntarily and at their own risk in all activities and I understand that my own and other persons insurance must be used for coverage of liability in the case of an accident or injury. I further understand and agree to allow the American Legion Riders to verify any and all of the information contained on this application at any time verifying I meet the requirements for membership as outlined in the current "Official" by-laws of the American Legion Riders Post #3 Lincoln Nebraska.

I understand and agree that I must at all times abide by the "official" by-laws of the American Legion Riders Post #3 Lincoln, Nebraska, This agreement and representations are entered into freely and without coercion or under duress, and this agreement may not be modified or waived in any respect.

This application is true and correct and this agreement is executed by me on DATE: _____

Signature: X _____ Witness: X _____

If you are mailing to us, the address is: ALR Post #3 American Legion, 123 South 84th Street, Lincoln, NE 68510