



**THE AMERICAN LEGION RIDERS
POST 60, LAUREL, MARYLAND
Member Application/Annual Renewal Form**

Last Name: _____ First Name: _____
 Home Address: _____ Apt: _____
 City: _____ State: _____ Zip: _____
 Home Phone: (____) _____ - _____ Cell Phone: (____) _____ - _____
 Wife/Husband: _____
 Birth Date: ____/____/____ Email address: _____
 Emergency Contact Name: _____ Phone: (____) _____ - _____

This is who we will contact should something happen to you.

Check One:

Member of: Legion SAL Auxiliary at Post # _____ Member#: _____

Motorcycle Information: Make: _____ Model: _____

FOR THE LAWYERS: Check the box alongside the appropriate statement below, draw a large "X" through the statement that does not apply to you, and sign and date 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: _____ or as a Support Member who has been voted in by the Chapter membership. 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 Member Information Form."

Signed: _____ Date: _____

All 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."

"Furthermore, I agree to abide by the Bylaws set forth by the American Legion Riders (National Organization) and any additional rules set forth by the local Chapter Laurel Post 60."

Signed: _____ Date: _____

All members must signify their understanding of and agreement with the above by signing and dating here.

SUBMIT THIS FORM ANNUALLY, and present for review:

- | | |
|-------------------------------------|--|
| 1. Current Legion/SAL/ALA ID card | 3. Proof of insurance on motorcycle owned |
| 2. Registration of motorcycle owned | 4. Driver's license (showing motorcycle endorsement) |

CERTIFICATION OF DOCUMENTATION (Signature of Membership Chair, Director or Vice Director):
