



THE AMERICAN LEGION RIDERS

POST 37

225 MAIN STEET, AMES, IA 50010



Renewal/Membership/Information Form \$20 per person or couple

About You: Complete this section in its entirety

Last Name: _____ First Name: _____

Home Address (include Apt. #): _____

City: _____ State: _____ Zip: _____

Home Ph: (_____) _____ - _____ Cell: (_____) _____ - _____

Birthdate: ____/____/____ E-Mail Address: _____

Member Of (Circle One): Legion SAL Auxiliary Post #: _____ Member #: _____

Emergency Contact: _____ Ph: (_____) _____ - _____

About Your Motorcycle: Complete this section if you will be riding a motorcycle with the ALR. Leave blank if you are a passenger only.

Make: _____ Model: _____ Displacement: _____

About the Lawyers: Place a checkmark in front of the appropriate statements in this section. Sign & date top and bottom section if you are a rider or middle and bottom section if you are a passenger.

____ "I, the undersigned, certify that the motorcycle listed above is registered in my name and is 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 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."

Signed: _____ Date: _____

____ "I am 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 Member Information Form."

Signed: _____ Date: _____

"I, the undersigned, agree that the American Legion and the American Legion Motorcycle Association (henceforth referred to as 'the American Legion Riders' or simply '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 Rider 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 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 any Riders activities."

Signed: _____ Date: _____

PLEASE PRESENT DRIVER'S LICENSE, MOTORCYCLE INSURANCE CARD AND LEGION FAMILY MEMBERSHIP CARD WHEN YOU TURN IN THIS FORM UNLESS GRANTED LEGACY MEMBERSHIP. WE MUST VERIFY THAT YOU QUALIFY. IF YOU CANNOT PRESENT THESE DOCUMENTS IN PERSON THEN A COPY MUST BE SENT WITH THIS FORM. I WILL DESTROY THOSE COPIES ONCE I VERIFY ELIGIBILITY.

| | | | |
|---------|----------|-----------------|-------------------|
| ____ DL | ____ INS | ____ Membership | Card Issued _____ |
|---------|----------|-----------------|-------------------|