



# American Legion Riders Chapter # 275

Dunedin Memorial American Legion Post # 275

360 Wilson Street

Dunedin, FL 34698

## Member Information Form / Application for Membership

**About You:** Complete this section in its entirety.

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

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

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

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

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

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

Birth Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_ E-Mail Address: \_\_\_\_\_

Member of:  Legion  SAL  Auxiliary at Post # \_\_\_\_\_ Member # \_\_\_\_\_ AL / SAL / Aux

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

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

**About the Lawyer:** Check the box alongside the appropriate statement below, draw a large " X " through the statement that does not apply to you, sign and date BOTH sections.

"I, the undersigned, certify that the motorcycle I will be riding in any 'Riders' sponsored events is registered 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 the motorcycle I will be riding meets at least minimum state, city and/or local insurance requirements. I also certify that I carry a valid drivers 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 supporting / passenger member. I will not be operating a motorcycle as an American Legion Rider. If my status changes, I will request, complete, and submit a new Member Information Form."

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

All applicants 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 'Riders' activities, even where damage or injury is caused by negligence (except wilful 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 'Riders' activities."

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

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

Type Membership  Legion Riders Membership, \$10.00 annually or \$100.00 PUFL  
applying for:  Supporting / Passenger \$10.00 annually or \$100.00 PUFL

New \_\_\_\_\_ Renew \_\_\_\_\_ Card # \_\_\_\_\_ Date of Application: \_\_\_\_ / \_\_\_\_ / \_\_\_\_ Monies Received by: \_\_\_\_\_