



The American Legion Riders

Post 75 Crestview, Florida

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: _____

email address: _____

Check one.

Member of: Legion SAL Auxiliary at Post # _____

Emergency Contact Name: _____ Phone: (____) _____ - _____
This is who we would contact should something happen to you.

Did you join Legion, Auxiliary or SALS to become member of RIDERS? YES ___ NO ___

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

Sponsor: _____