



Membership Application Form

American Legion Riders

Neal Thomas Jr. Centennial Post 209 of Colorado

Post _____ Annual Dues (Check one)

\$35 Rider
\$20 Supporter
\$10 Retired

About you: Complete this section in its entirety. (Please print clearly)!

Last Name _____ First Name: _____

Home Address _____ Apt# _____

City: _____ State: _____ Zip: _____

Email: _____ Birth Date: ____ / ____ / ____

Home Phone: _____ Cell: _____

Member of Post _____ in the city of _____, in the State of Colorado

Check one: AL / SAL / Aux

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

About your motorcycle: Complete this section only if you are the operator of a motorcycle with the ALR

Make: _____ Model: _____ Displacement: _____ Plate #: _____

"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 motorcycle 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 the spouse of the following Rider: _____, joining as a passenger. 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."

Wife/Husband:

Last Name _____ First Name: _____

Home Address: _____ Apt: _____

City: _____ State: _____ Zip: _____

This Form is to be completed annually by each member when renewing their membership in the American Legion Riders of Colorado and kept on file at the sponsoring Post.

Primary Emergency Contact Name: _____ Phone: _____
This is whom we will contact in the event something should something happen to you.

Additional Emergency Contacts (Optional - Unless primary contact also rides with you)

Name: _____ Phone: _____

Name: _____ Phone: _____

Name: _____ Phone: _____

"I, the undersigned, agree that the American Legion, and the American Legion Riders of Colorado (henceforth referred to 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."

I, the undersigned, certify that I meet the requirements set forth in this application and certify all information provided by me is accurate and correct.

Signed: _____ Date: _____

To be completed by designated ALR officer:

Eligibility Checks: Please show proof of:

- Legion, SAL, Auxiliary Membership # _____
- Current Registration
- License w/MC Endorsement
- Proof of Insurance

New Member # _____ (To be the same as AL, SAL or Aux#)

Certified by:

Signature _____

Printed Name _____

Officers Title _____

Date _____

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