

The American Legion Riders

Mountain Home, Idaho Member Information Form/Application for Membership

About you: Complete this section in its entirety.

Last Name:	First Name:
Nickname/Rider Name:	
Home Address:	
City:	State: Zip:
Home Phone:	_ Spouse/Partner:
Birth Date:	_ Email:
Member of: \Box Legion \Box SAL \Box Auxiliary at	Post Member #
Emergency Contact Name:	Phone: ()
About vour bike: Complete this section if you will	be riding a motorcycle with the AIR. Cross it out if you will be a passenger
Make: Model: _	Displacement:
	ate statement below, draw a large "X" through the statement that does not ou do not own a motorcycle, also put a large "X" through the "About your
Local licensing and registration requirements. I furth and my motorcycle which meets at least the minimu valid driver's license with either a cycle endorsement	asted above is registered in my name and in accordance with State, City, and/or her certify that I carry property and liability insurance for myself, my passengers, im State, City, and/or Local insurance requirements. I also certify that I carry a t or a valid Motorcyclist Temporary Instruction Permit in accordance with State, request, complete, and submit a new Member Information Form."
	er:n n Legion Rider but may be participating in American Legion Rider events as a plete, 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 Riders (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."

Signed: _

_Date: _

All members must signify their understanding and certification of the relative section above by signing and dating here