

The American Legion Riders of Oregon



Membership Application & Information Form



Last Name: _____ First Name _____ Nick Name / Road Name: _____

Mailing Address _____ Apt # _____ City _____ State _____ Zip _____

E-Mail Address: _____ Home Phone: _____ Cell: _____

Spouse / Passenger Name: _____

About Your Bike:

Make _____ Model _____ Year: _____ Color: _____ How long have you been riding; _____

Your membership in one of the family organizations is mandatory. Check your affiliation.

I am a member of : American Legion Auxiliary SAL

Post # _____ Membership Number: _____ Branch of Service: _____

About your liability:

Rider Initials: _____, "I, the undersigned, certify that I meet all of the licensing and insurance requirements for the State of Oregon Department of Motor Vehicles, and that the motorcycle listed above or any future motorcycle I ride during Riders events is registered and insured in accordance with Oregon licensing and registration requirements. If my status changes, I will complete, and submit a new Membership application."

Passenger Initials: _____, "I, am joining as a spouse or passenger of the above referenced Rider, and qualify as a current member in good standing with American Legion Post # _____. My membership number is _____. I will not be operating a motorcycle but will be participating in American Legion Rider events. If my status changes, I will complete and submit a new Membership application."

"I / We" understand and agree that all rider members and their guests participate voluntarily, and at their own risk during Riders Activities. "I / We the undersigned agree that the American Legion and the American Legion Riders Association shall not be held liable or responsible for damage or injury to my vehicle, my person or my passenger during Riders Activities. I release and hold the Riders officers and the American Legion harmless for any injury or loss.

As a candidate for membership into the American Legion Riders it is understood that current membership in good standing with one of the Legion family organizations is mandatory. Your application and verification of the same shall be presented during a regular chapter meeting where a majority vote of those voting members present shall elect or reject your application to become an American Legion Rider.

By signing this document, I am agreeing to all terms herein.

Rider: _____ Date: _____

Passenger: _____ Date: _____

ALR Rep: _____ Date: _____

Post Commander: _____ Date: _____