



# The American Legion Riders

Chapter # \_\_\_\_\_ (City) \_\_\_\_\_, PA

## Member Information Form/Application for Membership

One applicant per form

Check one: ☐ New Member ☐ Renewal ☐ Transfer (Transfer from: Pennsylvania Chapter # \_\_\_\_\_)

NOTE: Applicant MUST show current motorcycle license (if driver), registration and insurance in order for this for to be processed

Complete this section in its entirety

Member of: ☐ Legion ☐ Auxiliary ☐ SAL at Post # \_\_\_\_\_ Year Shown on card \_\_\_\_\_ # on Legion, SAL, or AUX Card \_\_\_\_\_ Card Year \_\_\_\_\_ Member # \_\_\_\_\_

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

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

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

Home Phone: ( ) - - Cell Phone: ( ) - -

Name of Spouse: \_\_\_\_\_

Birth Date: \_\_\_\_/\_\_\_\_/\_\_\_\_ Email Address: \_\_\_\_\_

Emergency Contact Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Make: \_\_\_\_\_ Model: \_\_\_\_\_ Displacement: \_\_\_\_\_

Check the box alongside the appropriate statement below that applies to you

☐ "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 a motorcycle endorsement. If my status changes, I will request complete, and submit a New Member Information Form."

☐ "I am joining as a Spouse of the following Rider

\_\_\_\_\_. 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."

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

\*Must be signed by applicant. Each applicant uses a separate

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

\*Must be Signed by Officer of the chapter, after verification of documents