

**Application for Membership
The American Legion Riders
Chapter 2, Grand Rapids, MI**

Date: _____ New Renewal Transfer from ALR Post: _____

First Name: _____ Last Name: _____

Nickname: _____ Spouses Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____ - _____

E-Mail: _____ Birthday: _____

Home Phone: _____ Cell Phone: _____

Affiliation: The American Legion American Legion Auxiliary Sons of the American Legion

By checking one of the above boxes I certify that I am a current member in good standing.

Membership #: _____ Home Post: _____ Post #: _____

I own a motorcycle either individually or jointly through marriage that is registered in accordance with state, city and / or local licensing and registration requirements. INT: _____

I carry property and liability insurance for myself, my passenger and my motorcycle which meets the minimum state, city and / or local insurance requirements. INT: _____

I carry a valid driver's license with either a motorcycle endorsement or a valid motorcycle temporary instruction permit in accordance with state, city and / or local laws. INT: _____

I am not a member of a 1% Motorcycle Club or their support clubs. I acknowledge that doing so will be grounds for revocation of my American Legion Rider Post {#} membership. INT: _____

This Application for Membership is as a non-riding member. I am a Passenger **ONLY**. INT: _____

I, the undersigned, certify that the above information is accurate and correct. I understand and agree that The American Legion, The American Legion Auxiliary, Sons of The American Legion, Grand Rapids American Legion Post 2 and the Grand Rapids American Legion Riders Chapter 2 (hereby referred to as ALR) shall not be liable or responsible for damage(s) to property or any injury to persons including myself during any ALR activity, including any damage or injury caused by negligence. I understand and agree that all ALR members and their guests participate voluntarily and at their own risk in all activities of the ALR. I agree to release and hold harmless ALR; its members and officers for any injury or loss to my person or property, as a result of participation in any affiliated activity. I understand that this means that I will not bring legal suit against the ALR, its members or its officers. I further understand and agree that I am responsible to provide adequate insurance on my motorcycle or any other vehicle I use, operate or am responsible for while participating in an activity of the ALR. My Signature is acknowledgment of my agreement to the terms and conditions stated above.

Signature: _____ Date: _____

\$_____ per member. Paid via Cash, Check # _____

Mail To: _____