



American Legion Riders

Post 154

Bettendorf, Iowa

Membership Application

Name: _____ Nickname: _____
Spouses Name: _____ Nickname: _____
Address: _____
City, State and Zip: _____
Home Ph# (____) _____ Work or Cell Ph# (____) _____
E-Mail: _____ Birth Date: _____
Type of Motorcycle (Must be street legal) _____
Size (Must be 350cc or larger) _____ Insurance Company _____
Check one: _____ AL/SAL/Aux
Member of: Legion SAL Auxiliary at Post # _____ Member#: _____
Sponsor's Name: _____

I am currently a member of another American Legion Rider Chapter.

I am not currently a member of another American Legion Rider Chapter.

Membership fee is \$20.00 for the first year and \$10.00 annually thereafter.

THIS IS A RELEASE. READ BEFORE SIGNING.

I agree that the American Legion and the American Legion Riders Motorcycle Association shall not be liable or responsible for damage to property or any injury to persons including myself during any American Legion or American Legion Riders activities, even where the damage or injury is caused by negligence. I understand that and agree that all American Legion Rider members and their guest participate voluntarily and at their own risk in all activities of the American Legion and American Legion Riders. I release and hold the American Legion Riders, the American Legion Officers or the American Legion harmless for any injury or loss to my person or property, which may result there from. I understand that this means that I agree not to sue the American Legion Riders, the American Legion Rider Officers or The American Legion or American Legion Rider activities. I further 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 American Legion or American Legion Riders to cover liability in case of accident or injury. The above agreements and representations are and freely without coercion or duress. This agreement may not be modified orally and may not be waived in any respect.

Signature _____ **Date** _____

Mail this application, a copy of your insurance card and check to:

**American Legion Riders Post 154
2814 State Street
Bettendorf, Iowa 52722**

Make Checks payable to: American Legion Riders Post 154