

ALR Membership Number: __

The American Legion Riders Post 10 Manassas, VA

Member Information Form/Application for Membership

Please complete this section in its entirety

Last Name:	First Name:
Nickname/Rider Name:	
Home Address:	Apt#:
City:	State: Zip:
Cell Phone: () -	Home Phone: (
Wife/Husband:	
Member of: Legion SAL Auxiliar	ry at Post # Member #:
Emergency Contact Name:	Phone: () -
(This is who we would co	ontact should something happen to you.)
About your bike: Complete this section if you will	l be riding a motorcycle with the ALR. Passenger N/A.
Make: Mo	odel: Displacement:
"I, the undersigned, certify that the motorcycle listed above licensing and registration requirements. I further certify the motorcycle which meets at least the minimum state, city, a license with either a cycle endorsement or a valid Motorcy laws. If my status changes, I will request, complete, and so "I am joining as a passenger of the following Rider:	ve is registered in my name and in accordance with state, city, and/or local that I carry property and liability insurance for myself, my passengers, and my and/or local insurance requirements. I also certify that I carry a valid driver's yclist Temporary Instruction Permit in accordance with state, city, and/or local
passenger. If my status changes, I will request, complete,	, and submit a new Member Information Form."
Signed:	
"I, the undersigned, agree that the American Legion, and the American Legion Riders" or simply as "Riders), shall not myself during and Rider's activities, even where the dama agree that all Riders members and their guests participated Riders officers and the American Legion harmless for any the Riders and/or their activities. I understand that this means the American Legion for any injury resulting to myself or	
All members must signify their understanding and cert	Date: tification of the relative section above by signing and dating here. ALR
Form ALR/MIF20040615 MOD 8 2022	To be renewed annually and kept on file