



**American Legion Riders  
Department of Pennsylvania  
Chapter # \_\_\_\_\_**



**Membership Application and Information Form**

(PDF Version online)

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

**Address:** \_\_\_\_\_

**City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Zip:** \_\_\_\_\_

**Phone:** \_\_\_\_\_ **Cell:** \_\_\_\_\_ **Email Address:** \_\_\_\_\_

**Spouse Name:** \_\_\_\_\_ **Contact Number:** \_\_\_\_\_

**Member of Post:** \_\_\_\_\_ **Membership ID#:** \_\_\_\_\_ **Legionnaire S.A.L. Auxiliary**

**You will be:** **Driver or Spouse** **Emergency Contact:** \_\_\_\_\_ **Phone:** \_\_\_\_\_

**About Your Bike**

**Year:** \_\_\_\_\_ **Make:** \_\_\_\_\_ **Model:** \_\_\_\_\_ **CC's:** \_\_\_\_\_

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

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**For Administration use only**

Valid Driver's License with Motorcycle Endorsement or Separate Valid Learners Permit - copy attached: Yes: \_\_\_\_\_ No: \_\_\_\_\_

Valid Owners Registration - copy attached: Yes: \_\_\_\_\_ No: \_\_\_\_\_

Valid Insurance Card - copy attached: Yes: \_\_\_\_\_ No: \_\_\_\_\_

Membership Chairman Review Complete: Yes: \_\_\_\_\_

Road Captain Review Complete: Yes: \_\_\_\_\_

Membership Approved: Yes: \_\_\_\_\_ No: \_\_\_\_\_ Date: \_\_\_\_\_

If membership is not approved please supply reason why below.

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