



**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:** _____

For Administration use only

Valid Driver's License with Motorcycle Endorsement - 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.
