



The American Legion Riders

Chapter # _____ (City) _____, PA

Member Information Form/Application for Membership

One applicant per form

Check One: ☐ New Member ☐ Renewal ☐ Transfer (Transfer from: Pennsylvania Chapter # _____)

Complete this section in its entirety.

Member of: Legion ☐ SAL ☐ Auxiliary ☐ at Post # _____ Card Year: _____ Member#: _____
Year Shown on Card # on Legion, SAL or Aux Card

Last Name: _____ First Name: _____

Home Address: _____

Apt: _____

City: _____ State: _____ Zip: _____

Home Phone: () _____ - _____ Cell Phone: () _____ - _____

Name of Spouse: _____

Birth Date: _____ / _____ / _____ Email address: _____

Emergency Contact Name: _____ Phone: () _____ - _____

Make: _____ Model: _____ Displacement: _____

Check the box alongside the appropriate statement below that applies to you.

- "I, the undersigned, certify that the motorcycle listed above is registered in my name and in accordance with state, city, and/or local licensing and registration requirements. I further certify that I carry property and liability insurance for myself, my passengers, and my motorcycle which meets at least the minimum state, city, and/or local insurance requirements. I also certify that I carry a valid driver's license with a motorcycle endorsement. If my status changes, I will request, complete, and submit a new Member Information Form."

- "I am joining as a Spouse of the following Rider:

_____. I will not be operating a motorcycle as an American Legion Rider, but may be participating in American Legion Rider events as a passenger. If my status changes, I will request, complete, and submit a new Member Information Form."

Signed: _____ Date: _____

Must be signed by applicant. Each applicant uses a separate form.