



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 # _____)

NOTE: Applicant MUST show current motorcycle license (if driver), registration and insurance in order for this for to be processed

Complete this section in its entirety

Member of: Legion Auxiliary SAL 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

Signed: _____ Date: _____

*Must be Signed by Officer of the chapter, after verification of documents