



# American Legion Riders of Pennsylvania



Chapter \_\_\_\_\_

## Membership Application and Information Form

(Must be filled out completely)

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

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

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

Phone (cell & home): \_\_\_\_\_ Email Address: \_\_\_\_\_

Spouse Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Member of: American Legion \_\_\_\_\_ S.A.L. \_\_\_\_\_ Auxiliary \_\_\_\_\_ Post # \_\_\_\_\_

Nine Digit I.D. on Membership Card: \_\_\_\_\_ ALR Membership # \_\_\_\_\_

You will be: Driver \_\_\_\_\_ Passenger \_\_\_\_\_

Emergency Contact Name: \_\_\_\_\_ Phone # \_\_\_\_\_

### About Your Bike

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

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

### For Administration use only

Valid Motorcycle Endorsement on Drivers License: Yes: \_\_\_\_\_ No: \_\_\_\_\_

Valid Insurance Card: Yes: \_\_\_\_\_ No: \_\_\_\_\_

Valid Owners Registration Yes: \_\_\_\_\_ No: \_\_\_\_\_