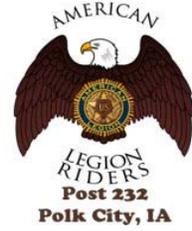




# Application for Membership

## The American Legion Riders

### Post 232 Polk City, IA



New

Renewal

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

Address \_\_\_\_\_

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

Email \_\_\_\_\_ Phone # \_\_\_\_\_

The American Legion

Sons of the American Legion

American Legion Auxiliary

**Affiliation***(By checking one of the boxes above I certify that I am a current member in good standing)*

Membership # \_\_\_\_\_

Member of another Post

Membership # \_\_\_\_\_ Post # \_\_\_\_\_

I own a motorcycle larger than 350cc or 22.35 cubic inches and it is registered in my name in accordance with state, city, and local licensing and registration requirements. INT \_\_\_\_\_

I carry property and liability insurance for myself, my passenger, and my motorcycle which meets the state, city, and local licensing and requirements. INT \_\_\_\_\_

I carry a valid driver's license with either a motorcycle endorsement or a motorcycle temporary instruction permit in accordance with state, city, and local licensing requirements. INT \_\_\_\_\_

I, the undersigned, certify that the above information is accurate and correct. I understand that The American Legion, Sons of The American Legion, The American Legion Auxiliary, or The American Legion Riders Association Polk City Chapter (*hereby referred to as ALR*) shall not be liable or responsible or liable for damage(s) to property or any injury to persons including myself during any ALR activity(s) including any or injury caused by negligence. I understand and agree that all ALR riders and their guests participate voluntarily and at their own risk in all activities of the ALR. I agree to release to hold harmless ALR; Its members and officers for any injury or loss to my person or property, as a result of participation in any affiliated activity. I understand that this means that I will not bring legal suit against the ALR, its members, or officers. I further understand and agree that I am responsible to provide adequate insurance on my motorcycle or any other vehicle I use, operate, or am responsible for while participation in any activity of the ALR. My signature is acknowledgement of my agreement to the terms and conditions as stated above.

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

Paid \$ \_\_\_\_\_ with

Cash

Check # \_\_\_\_\_