



Application for Membership

The American Legion Riders

Post 232 Polk City, IA



New

Renewal Year _____

First Name _____ Last Name _____

Address _____

City _____ State _____ Zip _____

Email _____ Phone # _____

Affiliation

Membership # _____

American Legion

Sons of the American Legion

American Legion Auxiliary

Member of Another Post Information

Member of another Post

Membership # _____ Post # _____

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

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 # _____