



AMERICAN LEGION RIDERS

Post 186 Little River, SC



Application for Membership

I am a Member of Post 186 Legion Auxiliary SAL

My Membership Card Number is: _____

First Name _____ M.I. _____ Last Name _____

Mailing Address _____

City _____ State _____ Zip Code _____

Home Phone _____ Cell Phone _____

Email Address _____

I ride a Bike Trike Other CC's _____ What Make _____

Emergency Contact Person _____ Relationship _____

Emergency Contact Phone _____

About the lawyers: Check the box alongside the appropriate statement below, draw a large "X" through the statement that does not apply to you, and sign and date BOTH sections. If you do not own a motorcycle, also put a large "X" through the "About your bike" section.

- "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 either a cycle endorsement or a valid Motorcyclist Temporary Instruction Permit in accordance with state, city, and/or local laws. If my status changes, I will request, complete, and submit a new Member Information Form."
- "I am joining as a passenger 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: _____
All members must signify their understanding and certification of the relative section above by signing and dating here.

"I, the undersigned, agree that the American Legion, and the American Legion Motorcycle Association (henceforth referred to as 'The American Legion Riders' or simply as 'Riders'), shall not be liable or responsible for damage to property or injury to persons including myself during any Riders activities, even where the damage or injury is caused by negligence (except willful neglect). I understand and agree that all Riders members and their guests participate voluntarily, and at their own risk in all Riders activities. I release and hold the Riders officers and the American Legion harmless for any injury loss to my person or property that may result through my participation in the Riders and/or their activities. I understand that this means that I agree not to sue the Riders officers, whether local, state or national, nor the American Legion for any injury resulting to myself or my property in connection with and Riders activities."

Signed: _____ Date: _____
All members must signify their understanding of and agreement with the above by signing and dating here.

Mail this completed form and a check for \$10.00 made out to **ALR 186** to:

**American Legion Post 186
4285 Pine Drive
Little River, SC 29566**

OR

Bring it to the Post and give to the bar tender.
Make sure the envelope is marked
MEMBERSHIP ALR 186

CURRENT LEGION, AUXILIARY OR SAL MEMBERSHIP CARD, CURRENT DRIVER'S LICENSE WITH MOTORCYCLE ENDORSEMENT AND CURRENT INSURANCE CARD MUST BE PRESENTED WITH MEMBERSHIP APPLICATION.