

# ALR CHAPTER 331



## Member Application Form Overview

# One – Two



- Use one form per person

**The American Legion Riders**  
Post 331 Brownsburg, Indiana

 **1**  
Member Information Form / Application for Membership  
This is a single person form. Not intended for both rider and spouse. Use separate forms.

**2**  
Check One:  New Member  Renewal  Transfer

*About You* Complete this section in its entirety

- Check box that applies

# Three



**About You:** Complete this section in its entirety.

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

Nickname/Rider Name: \_\_\_\_\_

Home Address: \_\_\_\_\_ Apt: \_\_\_\_\_

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

Home Phone: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Cell Phone: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Wife/Husband: \_\_\_\_\_

Birth Date: \_\_\_\_/\_\_\_\_/\_\_\_\_ Email address: \_\_\_\_\_

Check one.

Emergency Contact: \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

This is who we would contact should something happen to you.

Member of:  Legion  SAL  Auxiliary at Post # \_\_\_\_\_ AL/SAL/Aux Member#: \_\_\_\_\_

- *Provide all information*
  - *Including Legion membership*

# Four



Member of:  Legion  OR  Auxiliary at Post # \_\_\_\_\_ member # \_\_\_\_\_

**About your bike:** Complete this section if you will be riding a motorcycle with the ALR. Cross it out if you will be a passenger

Make: \_\_\_\_\_ Model: \_\_\_\_\_ Displacement: \_\_\_\_\_

**About the law:** Check the box, circle the appropriate statement below, draw a large "X" through the statement that does not

- What kind and size is your motorcycle?
  - Pretty Simple –
- If applying as a Spouse Passenger  
X through the “About your Bike” section

# Five



**About your bike:** Complete this section if you will be riding a motorcycle with the ALR. *Cross it out if you will be a passenger*

Make:

Model:

Displacement:

**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 and/or local licensing and registration requirements. I further certify that I carry property and liability insurance for myself, 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

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- As a reminder, read this before filling out the form
  - This is the section that is usually incomplete / incorrect

# Six



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.

**S**  "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 motorcycle 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."

**e**  "I am joining as the **spouse 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."

**c**

**t** Signed: \_\_\_\_\_ Date: \_\_\_\_\_

**i** All members must signify their understanding and certification of the relative section above by signing and dating here.

**o** "I, the undersigned, agree that the American Legion, and the American Legion Motorcycle Association (henceforth referred to as

- Check the box on the left that applies
- X out the section that does not apply
- Have applicant sign and date
- ALL APPS must have one box checked *and* signature

# Seven



All members must signify their understanding and certification of the relative section above by signing and dating here

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

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

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

- ALL applicants must sign & date here

# Eight



2 All members must signify their understanding of and agreement with the above by signing and dating here

Verification of eligibility: \_\_\_\_\_ ALR Membership# \_\_\_\_\_  
Verified by Sgt @ Arms Assigned by Membership Director

ALR 331 Recruiting Member: \_\_\_\_\_

Form ALR App/MIE\_06-21-2011

Perfor Cut here

- Put recruiting member name here
  - Do not write anything else in this section

# Nine



! *Perfor Cut here!* !

RECEIPT: Retain this until your State Membership Card is received.

Paid for Rider OR Spouse:                      \$ 15.00

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Name: \_\_\_\_\_ Date: \_\_\_\_\_

Received by: \_\_\_\_\_

ALR 331 person receiving funds should *print name and sign* here and offer receipt to applicant

- ALR member accepting the app and money should enter printed name and signature
- Staple money or check to the form and give to the Membership Director