

AMERICAN LEGION RIDERS POST 259 Oneonta, NY 13820

Member Information Form / Member Application

Complete all sections in their entirety.	TIM	J A	1	
About You: Last Name:	First	Name:	(17	
Nickname/Rider Name:			V	_
Mailing Address:	City:	-	State:	Zip:
Home Phone ()	Cell Phone () -		
Wife/Husband:	1			
Birth Date: / /	Email address:			
Member of: ☐ Legion ☐ SAL ☐ Auxili	ary at Post # Me	ember #		
Emergency Contact Name:(This is who we would contact should something has		Phone () -	
About Your Bike: Year: Mak	e: R	Mode	l:	1
Check the box alongside the appropriate statemer and date both sections. If you do not own a motorco				oply to you, and sign
☐ "I, the undersigned, certify that the motorcycle licensing and registration requirements. I further comotorcycle which meets at least minimum state, cit with either a cycle endorsement or a valid Motorcymy status changes, I will request, complete and su	certify that I carry property and ry, and/or local insurance require rolist Temporary Instruction Perr	liability insurand ments. I also co nit in accordand	ce for myself, my ertify that I carry a	passenger, and my valid driver's license
☐ "I am joining as a passenger of the following Ri	der:		V	
I will not be operating a motorcycle as an American I If my status changes, I will request, complete and s			ın Legion Rider ev	ents <mark>as a passeng</mark> er.
Signed:	Date:			VII
All members must signify their understa			y signing and dating	here.
"I, the undersigned, agree that the American Legion American Legion Riders" or simply as "Riders"), she myself during any Riders activities, even where the agree that all Riders members and their guests parallel Riders officers and the American Legion harmless in the Riders and/or their activities. I understand the nor the American Legion for any injury resulting to	nall not be liable or responsible e damage or injury is caused by articipate voluntarily, and at their for any injury loss to my person at this means that I agree not to s	for damage to property for negligence (extended to make the control of the following for the control of the following for the following fo	property or injury scept willful negle Rider activities. I may result throug fficers, whether lo	to persons including ot). I understand and release and hold the gh my participation in
Signed:	Date:	7		
<u> </u>	derstanding of and agreement with the	he above by signi	ing and dating here.	