



Riders of Missouri

Application for Membership

Dues \$15.00

Last Name _____ First Name _____

Nick Name _____ Email Address _____

Home Address _____

City _____ State _____ Zip _____

Home Phone _____ Cell Phone _____

Emergency Contact Name _____ Phone _____

Affiliation: Legionnaire _____ Auxiliary _____ SAL _____

Motorcycle Make _____ Model _____ Displacement _____

I, the undersigned, certify that the motorcycle listed above is legally registered in my name and in accordance with state, city, and/or local licensing and registration requirements and is street worthy. I further certify that I carry property and liability insurance for myself my passengers, and that I carry a valid driver's license in accordant with state, city, and/or local laws. I further certify that I have the legal right to utilize the listed motorcycle. I agree that I will remain a member of the aforesaid affiliation or I will no longer be eligible to be a member of the American Legion Riders.

I, the undersigned, agree that the American Legion and the American Legion Home Association shall not be liable or responsible for damage to property or injury to persons including myself during any Rider activities excepting in the event of willful neglect. I understand and agree that participation in any event is voluntary and at my own risk. I agree not to hold liable any officer of such organization liable for any injury or damage as a direct result of participation in sponsored event.

Signed _____ Date _____