



AMERICAN LEGION RIDERS

Application for Membership or Renewal
MICHIGAN CHAPTER, Downriver
(___ NEW ___ RENEWAL)

Membership requirements:

Must be a member of the American Legion, American Legion Auxiliary, or Sons of the American Legion. Must have a motorcycle of 350CC or larger or be the spouse of an owner who is an association member.

Nickname: _____ Name: _____

Address: _____

City, State, Zip: _____

Home Phone: (_____) _____ Work Phone: (_____) _____

E-Mail: _____ Birth date (mm/dd/yy): ___ / ___ / ___

Motorcycle make/model/CC & License #: _____

or name of qualifying spouse: _____

Check one: Veteran__ Branch of service: _____, Auxiliary, __, SAL__

American Legion Membership # _____, Post # _____

(If you're a member of the American Legion, please bring a copy of your Membership Card. If you want to join, please bring a copy of your DD214 along with your application.)

THIS IS A RELEASE PLEASE READ BEFORE SIGNING

I certify that I am legally licensed to drive the motorcycle described above and that that it has current registration.

I agree that the American Legion and the American Legion Riders Motorcycle Association shall not be responsible for damage to property or any injury to person including myself during any Legion Riders activities, even where the damage or injury is caused by negligence (except willful neglect). I understand that and agree that all Legion Riders members and their guests participate voluntarily and at their own risk in all Legion Riders activities. I release and hold the Legion Riders officers and the American Legion harmless for any injury or loss to my person or property that may result therefrom. I understand that this means that I agree not to sue the American Legion Riders officers and the American Legion for any injury resulting to myself or my property in connection with any Legion Riders activities.

I agree to abide by the By-laws and any other rules and regulations of the American Legion Riders and any lawful directions of the officers in the performance of their duties.

Signature: _____ Date: _____

Please bring your application to our meeting on the Third Tuesday of each month.

American Legion, Melvindale Post
17011 Raupp Road
Melvindale, MI 48122
(313) 383-7110

Yearly Dues: \$12.00 You may order your 3 piece patch set at the meeting.