

American Legion Riders

Motorcycle Association

Northern Panhandle Chapter – Post 10

Weirton, WV 26062

Membership Application

Name: _____

Spouse's Name: _____

Address: _____

City, State and ZIP: _____

Home Phone #: _____ Work or Cell Ph# _____

E-mail Address: _____ Birth Date: _____

Type of Motorcycle (Must be street legal) _____

Size (Must be 350cc or larger) _____ Insurance Co. _____

Note: Must present copy of Drivers License w/endorsement and proof of insurance w/application

Check one below: AL/SAL/AUX

Member of: ___ Legionnaire ___ SAL ___ Aux at Post # ___ Member ID# _____

Sponsor's Name: _____

_____ I am currently a member of another American Legion Rider Chapter

And will resign such membership if application is accepted

_____ I am not currently a member of another American Legion Rider Chapter.

Membership fee is \$20 / year due by December Meeting of each year.

THIS IS A RELEASE, READ BEFORE SIGNING.

I agree that the American Legion and the American Legion Riders Motorcycle Association shall not be liable or responsible for damage to property or any injury to persons, including myself, during any American Legion or American Legion Riders activities, even where the damage or injury is caused by negligence. I understand and agree that all American Legion Rider members and their guest participate voluntarily and at their own risk in all activities of the American legion and American legion Riders. I release and hold the American Legion Riders, the American Legion Officers or the American Legion harmless for any injury or loss to my person or property, which may result there from. I understand that this means that I agree not to sue the American Legion Riders, The American Legion Rider Officers, the American Legion or American Legion activities. I further agree that I am responsible to provide adequate insurance on my motorcycle or any other vehicle I use, operate or am responsible for while participating in any activity of the American Legion or American Legion Riders to cover liability in case of accident or injury. The above agreements and representations are and freely without coercion or duress. This agreement may not be modified orally and may not be waived in any respect.

Signature: _____ Date: _____

Mail this application, copy of driver's license, insurance proof and check to:

American Legion Riders Post 10

3140 Pennsylvania Ave, Weirton, WV 26062-3802

Make checks payable to: American Legion Riders Northern Panhandle Chapter 10