|  |  |
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| Image result for american legion rider logo | Florida Chapter 283  Arlington, FL |

Membership

Application

**NEW MEMBER: \_\_\_\_ RENEWAL: \_\_\_\_**

**Type** (select one): $25 yearly \_\_\_ $250 for Lifetime \_\_\_ $25 Support Member (non-rider) \_\_\_

**Your Legion / SAL / Auxiliary membership MUST be current to remain eligible for all ALR membership types.**

## APPLICANT - ELIGIBILITY

**CURRENT MEMBER OF**: ***Legion:* \_\_\_ *SA*L: \_\_\_ *Auxiliary:* \_\_\_** **OF POST #:** \_\_\_\_\_\_\_\_ **MEMBER #**\_\_\_\_\_\_\_\_\_\_\_\_\_

***ATTACH A COPY OF YOUR CURRENT MEMBERSHIP CARD***

Referred By (Not required): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

## APPLICANT - INFORMATION

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Full Name: |  |  |  | Date: |  |
|  | Last | First | M.I. |  |  |

|  |  |  |
| --- | --- | --- |
| Address: |  |  |
|  | Street Address | Apartment/Unit # |

|  |  |  |  |
| --- | --- | --- | --- |
|  |  |  |  |
|  | City | State | ZIP Code |

|  |  |  |  |
| --- | --- | --- | --- |
| Phone: |  | Email |  |

It is your responsibility to make sure that this information remains up to date.

**ABOUT YOUR BIKE:**

Year: \_\_\_\_\_\_\_\_\_ Make: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Model: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Color: |  | TAG #: |  | Displacement | : |

## EMERGENCY INFORMATION – SOMEONE NOT RIDING ON YOUR BIKE

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Name: |  |  |  | Phone number: |  |

|  |  |  |  |
| --- | --- | --- | --- |
| Name: |  | Phone Number: |  |

*Medical Condition(s)\*\*: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*

*Allergies\*\*:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*

***\*\* Information is not required but helpful in case of an emergency***

**Please keep your emergency information on you or in your bike at all times.**

## INTERESTS

Weekday Rides: \_\_\_\_\_\_ Weeknight Rides: \_\_\_\_\_\_ Weekend Rides: \_\_\_\_\_\_ Getaways: \_\_\_\_\_\_

Other:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**CONTINUED ON BACK**

## DISCLAIMER AND SIGNATURE

**ABOUT THE LAYERS: sign your initials alongside the appropriate statement (select one) and sign below.**

**\_\_\_\_** I, the undersigned, certify that the motorcycle listed above is registered in my name 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 passenger, and my motorcycle in accordance with state, city and/or insurance requirements. I also certify that I carry a valid driver’s license with either a motorcycle endorsement or a Motorcycle Temporary Instruction Permit in accordance with the state, city and/or local laws. If my status changes I will request and complete a new membership form.

**\_\_\_\_** I, the undersigned, am joining as a Support Member. I will not be operating a motorcycle as an American Legion Rider but will be participating in American Legion Rider events as a passenger. If my status changes I will request and complete a new membership form.

**\_\_\_\_** I, the undersigned, am joining as a passenger of the following rider \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_. I will not be operating a motorcycle as an American Legion Rider but will be participating in American Legion Rider events as a passenger. If my status changes I will request and complete a new membership form.

I, the undersigned, agree that the American Legion, and the American Legion Motorcycle Association (herein referred to as he American Legion Riders or ALR), shall not be liable or responsible for damages to property or injuries to persons including myself during any ALR activities, even where the damage or injury is caused by negligence (except willful neglect). I understand and agree that all ALR members and their guests participate voluntarily, and at their own risk in all ALR activities. I release and hold the ALR Officers and the American Legion harmless for any injury loss to my person or property that may result through my participation in the ALR activities. I understand that this means that I agree not to sue the ALR Officers, whether local, state or national, nor the American Legion for any injury resulting to myself or my property in connection with the ALR activities.

|  |  |  |  |
| --- | --- | --- | --- |
| **Signature:** |  | Date: |  |

**SUBMIT YOUR COMPLETED APPLICATION**

**Drop off:** In the ALR drop box (next to the bar)

**Mail to:** ALR 283 Membership at 9459 Fort Caroline Road Jacksonville, FL 32225

**APPLICATION PROCESS**

Upon receipt of your completed membership application, it will be reviewed, and your eligibility will be verified. Once complete, it will be brought to a vote at the next scheduled meeting. If you are at the meeting, you will be given your membership card at the meeting. If not, it will be mailed to you.

**GENERAL INFORMATION**

Membership meeting are held on the first Saturday of the month unless otherwise communicated.

Rides and events are communicated at the monthly meetings, emails and on Facebook.

Visit us: Questions:

Website: alrspost283.com ALR283flmembership@gmail.com

ALR283Director@gmail.com

**MEMBERSHIP OFFICER ONLY** -

Yearly $25: \_\_\_\_\_\_\_\_\_\_ Lifetime $250: \_\_\_\_\_\_\_\_\_

DATE DATE

Legion / Sons / Aux Membership Verified (date): \_\_\_\_\_\_\_\_\_ With: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date voted in: \_\_\_\_\_\_\_ Card / Pkt: given \_\_\_\_\_\_\_ mailed \_\_\_\_\_\_\_ Added to Roster\_\_\_\_\_\_\_\_

REVISED 12/3/22