



# The American Legion Riders

Post 15, Sioux Falls, SD

## Member Information Form/Application for Membership

**About You:** Complete this section in its entirety.

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_

Nickname/Rider Name: \_\_\_\_\_

Home Address: \_\_\_\_\_ Apt: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Cell Phone: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Wife/Husband: \_\_\_\_\_

Birth Date: \_\_\_\_/\_\_\_\_/\_\_\_\_ email address: \_\_\_\_\_

Check one.

AL/SAL/Aux

Member of:  Legion  SAL  Auxiliary at Post # \_\_\_\_\_ Member#: \_\_\_\_\_

Emergency Contact Name: \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

This is who we would contact should something happen to you.

**About your bike:** Complete this section if you will be riding a motorcycle with the ALR. Cross it out if you will be a passenger

Make: \_\_\_\_\_ Model: \_\_\_\_\_ Displacement: \_\_\_\_\_

**About the lawyers:** Check the box alongside the appropriate statement below, draw a large "X" through the statement that does not apply to you, and sign and date BOTH sections. If you do not own a motorcycle, also put a large "X" through the "About your bike" section.

"I, the undersigned, certify that the motorcycle listed above is registered in my name and 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 passengers, and my motorcycle which meets at least the minimum state, city, and/or local insurance requirements. I also certify that I carry a valid driver's license with either a cycle endorsement or a valid Motorcyclist Temporary Instruction Permit in accordance with state, city, and/or local laws. If my status changes, I will request, complete, and submit a new Member Information Form."

"I am joining as a passenger of the following Rider: \_\_\_\_\_  
I will not be operating a motorcycle as an American Legion Rider but may be participating in American Legion Rider events as a passenger. If my status changes, I will request, complete, and submit a new Member Information Form."

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

All members must signify their understanding and certification of the relative section above by signing and dating here.

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

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

All members must signify their understanding of and agreement with the above by signing and dating here.



# The American Legion Riders

Post 15, Sioux Falls, SD

## Bylaw, Mission, Safety, and Conduct Compliance Statement

I, the undersigned, acknowledge that I have read and understand the bylaws, rules, and operating procedures of the American Legion Riders, Post 15, Chapter 2. I affirm my commitment to uphold the mission of the American Legion Riders by honoring our veterans, supporting our community, and representing Post 15 with integrity and respect. I further agree to abide by all established safety expectations, including adherence to group-riding protocols, motorcycle safety standards, and all federal, state, and local laws while participating in ALR activities. I also commit to maintaining conduct that reflects positively on Post 15, Chapter 2 demonstrating professionalism, camaraderie, and respect toward fellow Riders, the American Legion Family, and the public. I understand that continued membership and participation in Post 15, Chapter 2 are contingent upon my full compliance with these bylaws, mission principles, safety requirements, and conduct standards.

Signed: \_\_\_\_\_ Date: \_\_\_\_\_  
All members must signify their understanding of and agreement with the above by signing and dating here.

ALR Membership Number: \_\_\_\_\_