

The Application for Membership  
American Legion Riders  
Post 64, Sioux City, IA

Date: \_\_\_\_\_  New  Renewal  Transfer from ALR Post: \_\_\_\_\_

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

Nickname: \_\_\_\_\_ Sponsor: \_\_\_\_\_

Address: \_\_\_\_\_

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

E-Mail: \_\_\_\_\_ Birthday: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Affiliation:  The American Legion  American Legion Auxiliary  Sons of The American Legion

By checking one of the above boxes I certify that I am a current member in good standing.

Membership #: \_\_\_\_\_ Home Post: \_\_\_\_\_ Post #: \_\_\_\_\_

I own a motorcycle either individually or jointly through marriage that is registered in accordance with state, city and/or local licensing and registration requirements. INT: \_\_\_\_\_

I carry property and liability insurance for myself, my passenger and my motorcycle which meets the minimum state, city and/or local insurance requirements. INT: \_\_\_\_\_

I carry a valid driver's license with either a motorcycle endorsement or a valid motorcycle temporary instruction penn in accordance with state, city and/or local laws. INT: \_\_\_\_\_

I am not a member of a 1% Motorcycle Club or their support clubs. I acknowledge that doing so will be grounds for revocation of my American Legion Rider Post 64 membership. INT: \_\_\_\_\_

This application for membership is as a non-riding member. I am a passenger ONLY. INT: \_\_\_\_\_

I, the undersigned, certify that the above information is accurate and correct. I understand and agree that The American Legion, The American Legion Auxiliary and Sons of The American Legion, Sioux City American Legion Post 64 and the Sioux City, IA Post 64 American Legion Riders (hereby referred to as AL) shall not be liable or responsible for damage(s) property or any injury to persons including myself during any ALR activity, including damage or injury caused by negligence. I understand and agree that all ALR members and their guests participate voluntarily and at their own risk in all activities of the ALR. I agree to release and hold harmless ALR; its members and officers for any injury or loss to my person or property, as a result of participation in any affiliated activity. I understand that this means that I will not bring legal suit against the ALR, its members or its officers. I further understand and 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 an activity of the ALR. My signature is acknowledgement of my agreement to the terms and conditions as stated above.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

\$ \_\_\_\_\_ per member

Paid via  Cash  Check # \_\_\_\_\_

Mail to:

American Legion Post 64 Riders  
4021 Floyd Blvd  
Sioux City, Iowa 51108