



American Legion Riders  
 Florida Chapter Post \_\_\_\_\_  
 Motorcycle Association  
 Pensacola, Florida 32506



**Application for Membership**

**Annual Membership Dues: \$ 15.00 per year (1 July – 30 June)**

NAME \_\_\_\_\_ NICKNAME \_\_\_\_\_

ADDRESS \_\_\_\_\_

CITY/STATE/ZIP \_\_\_\_\_

HOME PHONE \_\_\_\_\_ WORK PHONE \_\_\_\_\_

E-MAIL \_\_\_\_\_

Applicant is a member of American Legion \_\_\_\_ American Legion Aux \_\_\_\_ Sal \_\_\_\_

Membership Number: \_\_\_\_\_ Birth Date: \_\_\_\_\_

By signing this application, I agree to waive all claims against The American Legion, Department of Florida, Inc., The American Legion Post \_\_\_\_, American Legion Riders, and all the Members, of both organizations for any personal or property loss or damage which may occur as a result of my participation in the American Legion Riders Association. I understand that the above organizations cannot and will not assume responsibility for my safety and that I participate in any sponsored ride or event I do so voluntarily, and I assume all risk and I release and hold The American Legion, Department of Florida, Inc., The American Legion Post \_\_\_\_, and American Legion Riders harmless for any personal injury or property loss which may result there from. I agree not to sue The American Legion, Department of Florida, Inc., The American Legion Post \_\_\_\_, and American Legion Riders for any injury or damage which may occur as a result of my own or my guests participation in any sponsored event and I agree to reimburse The American Legion, Department of Florida, Inc., The American Legion Post \_\_\_\_, and American Legion Riders for any and all losses they may suffer as a result therefrom.

I have read and understand the above agreement.

Member Signature \_\_\_\_\_ Date \_\_\_\_\_

Sponsor \_\_\_\_\_

Amount Rec'd \$ \_\_\_\_ . \_\_\_\_ Cash \_\_\_\_\_ Check # \_\_\_\_\_

Are you affiliated with any other motorcycle associations/clubs. Yes \_\_\_\_\_ No \_\_\_\_\_

If Yes name of association/club: \_\_\_\_\_