



**New Mexico American Legion Riders  
Motorcycle Association  
Membership Application**



Chapter Number: \_\_\_\_\_ Membership Number assigned: \_\_\_\_\_

Name of Applicant: \_\_\_\_\_

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

City, State and Zip: \_\_\_\_\_

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

Date of Birth: \_\_\_\_\_ Marital Status: Single \_\_\_\_\_ Married \_\_\_\_\_

E-mail address: \_\_\_\_\_

Nickname/Road Name: \_\_\_\_\_

American Legion Post: \_\_\_\_\_ Membership Number: \_\_\_\_\_

American Legion (AL) Affiliation: AL \_\_\_\_\_, Sons of AL \_\_\_\_\_, AL Auxiliary \_\_\_\_\_

Type of Motorcycle and CC's: \_\_\_\_\_

Are you an Associate Member of the ALR (No motorcycle)? (Yes) \_\_\_\_ Or (No) \_\_\_\_

Did you join the American Legion to become an American Legion Rider? (Yes) \_\_\_\_ Or (No) \_\_\_\_

Any Comments: \_\_\_\_\_

**THIS IS A RELEASE. PLEASE READ BEFORE SIGNING THIS MEMBERSHIP APPLICATION.**

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 the American Legion Riders. I release and hold the American Legion Riders, the American Legion Riders Officers and the American Legion harmless for any injury or loss to my person or property, which may result therefrom. I understand that this means that I agree not to sue the American Legion Riders, the American Legion Rider Officers or the American Legion for any injury, or damage to my property in connection with any American Legion or American Legion Rider Activities. I further agree that, on good faith, that I am lawfully licensed to operate any vehicle I use in conjunction with an American Legion or A.L.R. activity, and 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 American Legion or American Legion Riders, to cover liability in case of accident or injury.

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



Please bring this Application and Release Form to the next General Membership Meeting.

