



The American Legion Riders

PENNSYLVANIA

Member Information Form/Application for Membership

About You: Complete this section in its entirety.

Last Name: _____ First: _____

Address: _____ Apt: _____

City: _____ State: _____ Zip: _____

Home Phone: (____) _____ - _____ Cell Phone: (____) _____ - _____

Spouse's Name: _____

E-mail address: _____

Member of: Legion SAL Auxiliary Post # _____ Member#: _____

Emergency Contact: _____ 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

Year: _____ Make: _____ cc's: _____

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

Don't Forget to Sign the Disclaimer on the Back of this Form.

Form ALR\MIF20030326

ALR Membership Number: _____

To be renewed annually and kept on file.