

American Legion Riders Motorcycle Association

POST 267
Ormond Beach, Florida

Application for Membership

Annual Membership Dues: \$12 per year

NAME _____ NICKNAME _____

ADDRESS _____

CITY/STATE/ZIP _____

PHONE _____ CELL _____

E-MAIL _____

Applicant is a member of American Legion ___ American Legion Aux ___ SAL ___
POST # _____ (Please include a copy of your valid Legion Card)

General Membership Approval ___ Disapproval ___

Birth Date _____

By signing this application, I agree to waive all claims against The American Legion, Department of Florida, Inc., The American Legion Post 267, American Legion Riders, and all 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 if 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 267, and American Legion Riders harmless for any personal injury or property loss which may result therefrom. I agree not to sue The American Legion, Department of Florida, Inc., The American Legion Post 267, American Legion Riders for any injury or damage which may occur as a result of my own or my guest participation in any sponsored event and I agree to reimburse The American Legion, Department of Florida, Inc., The American Legion Post 267, American Legion Riders, for any and all losses they may suffer as a result therefrom.

I have read and understand the agreement.

Member Signature _____ Date _____

New ___ Renew ___ Card# _____ Exp Date _____

Amt Rec'd \$ _____ Cash _____ Check # _____