



American Legion Riders Motorcycle Association NW Iowa Chapter

Charter Post #241, LeMars, Iowa



Membership Application

Name: _____ Nickname: _____

Address: _____ Spouse's Name: _____

City: _____ State: _____ Zip: _____

Home Phone # (____) _____ Work or Cell Phone # (____) _____

E-Mail: _____ Birth Date: _____

Type of Motorcycle (must be street legal): _____

Size (Must be 350cc or larger) _____ Insurance Company: _____

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

Annual Membership Fee is \$10⁰⁰ per year.

Meetings are held on the third Sunday of each month at 1 p.m. at the Legion Club in LeMars, Iowa.

THIS IS A RELEASE, READ BEFORE SIGNING.

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 that and agree that all American Legion Rider members and their guests participate voluntarily and at their own risk in all activities of the American Legion and American Legion Riders. I release and hold the American Legion Riders, the American Legion Officers or 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 or American Legion Rider activities. I further 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 American Legion or American Legion Riders to cover liability in case of accident or injury. The above agreements and representations are and freely without coercion or duress. This agreement may not be modified orally and may not be waived in any respect.

Signature: _____ Date: _____

Mail this application, a copy of your insurance card and a check for \$10⁰⁰ to:

American Legion Riders Post 241, 110 Plymouth Street SW, LeMars, Iowa 51031

Make Checks payable to: American Legion Riders Post 241