



Application for Membership: the American Legion Riders Post 305, Caledonia, MI

This information is protected under the Privacy Act of 1974 (5 U.S.C. § 552a). *Asterisk items must be filled out. All other items optional.

*Type of Application (check all that apply): New Renewal Spouse Junior Transfer from ALR Post #: _____

*First Name: _____ *Last Name: _____

Nickname: _____ Spouses Name: _____

*Address: _____ *City: _____ *State: _____ *Zip: _____

*E-Mail: _____ Birthday: _____

*Cell (Main) Phone: _____ Home (Other) Phone: _____

*Emergency Contact Name: _____ *Emergency Contact Phone: _____

Service: Veteran Branch(s) of Service _____ Total Years of Service _____

*Affiliation: The American Legion American Legion Auxiliary Sons of the American Legion

*Membership #: _____ Home Post Location: _____ *Post #: _____

*1. All Members: I certify that I am a current member of the Legion, Auxiliary or SAL in good standing. *INT: _____

*2. All Members: I am not a member of a 1% motorcycle club or their support clubs. I acknowledge that doing so will be grounds for revocation of my American Legion Rider Post 305 membership. *INT: _____

*3. Riders: I own a motorcycle either individually or jointly through marriage that is registered in accordance with state, city and / or local licensing and registration requirements. *INT: _____

*4. Riders: I carry property and liability insurance for myself, my passenger and my motorcycle which meets the minimum state, city and / or local insurance requirements. *INT: _____

*5. Riders: I carry a valid driver's license with either a motorcycle endorsement or a valid motorcycle temporary instruction permit in accordance with state, city and / or local laws. *INT: _____

*6. Non-Riders: (non-riding spouse, non-riding junior). I am a Passenger ONLY. *INT: _____

I, _____, certify that the above information is accurate and correct. I understand and agree that The American Legion, The American Legion Auxiliary, Sons of The American Legion, Caledonia American Legion Post 305, and the Caledonia, Michigan Post 305 American Legion Riders (hereby referred to as ALR) shall not be liable or responsible for damage(s) to property or any injury to persons including myself during any ALR activity, including any damage or injury caused by negligence. I understand and agree that all ALR members and their guests participate voluntarily and at their own risk in all activities of the ALR. I agree to release and hold harmless ALR, its members and officers, for any injury or loss to my person or property, as a result of participation in any affiliated activity. I understand that this means that I will not bring legal suit against the ALR, its members or its officers. I further understand and agree that I am responsible for providing adequate insurance on my motorcycle or any other vehicle I use, operate or am responsible for while participating in an activity of the ALR. My Signature is acknowledgment of my agreement to the terms and conditions stated above.

*Signature: _____ *Date: _____

Dues Schedule (this section to be completed by the Treasurer/Secretary):

Year	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15
Amount Paid															
	Full dues (yrs 1-3)			Half dues (yrs 4-15); lifetime member with no dues (after 15 yrs)											

1-3y: pay full amount; 4-15y pay half amount; after 10y: eligible for lifetime membership by paying remaining dues thru 15y; after 15y: automatically lifetime member with no dues.

Lifetime Mbr; Date: _____

Treasurer/Secretary Verification: <input type="checkbox"/> L/A/S Membership (n/a for spouse or junior) <input type="checkbox"/> Eligibility <input type="checkbox"/> Group Ride (n/a for txfr) <input type="checkbox"/> Dues Paid Officer confirmation vote for membership: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A (n/a for spouse or junior) <input type="checkbox"/> Active <input type="checkbox"/> Spouse <input type="checkbox"/> Junior membership established. Treasurer/Secretary Signature: _____ Date: _____
