



The American Legion Riders
Hampstead Post 200
Hampstead, MD

Membership Application

Membership Information: (complete this section in its entirety)

Last Name: _____ First Name: _____

Preferred Name/Nickname/Rider Name: _____

Home Address: _____ Apt: _____

City: _____ State: _____ Zip: _____

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

Birth Date: _____ Email Address: _____

Check One:

ALR MEMBER ALR SUPPORT MEMBER

Emergency Contact Name: _____ Phone: (____) _____

Bike Information (ALR Member):

Make: _____ Model: _____

Displacement: _____ Year: _____

Disclaimer:

"I, the undersigned, certify that the motorcycle listed above is legally registered in accordance with state, city and/or local licensing and registration requirements. I further certify that I carry property and liability insurance for myself, my passengers and the motorcycle which meets at least the minimum state, city and/or local insurance requirements. I also certify that I carry a valid driver's license. I further certify that I have the legal right to utilize the listed motorcycle. I accept full responsibility for my safety and conduct and the safety and conduct of any who may be participating as my guest or passenger in this organization. I realize that these are requirements for my participation in this organization."

Signed: _____ Date: _____