



**AMERICAN LEGION RIDERS
FLORIDA CHAPTER - POST 142
POMPANO BEACH, FLORIDA
MOTORCYCLE ASSOCIATION**

APPLICATION FOR MEMBERSHIP

ANNUAL MEMBERSHIP DUES: \$20.00 PER YEAR (JULY 1 – JUNE 30)

Name: _____ **Road Name:** _____

Address: _____

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

Residence Telephone #: _____ **Work Telephone #:** _____

Email: _____

Applicant is a Member of: American Legion _____ **Auxiliary** _____ **SAL** _____

Membership #: _____ **Birth Date:** _____

By signing this application, I agree to wave all claims against The American Legion, Department of Florida, Inc., The American Legion Post 142, American Legion Riders, and all the Members of all these Organizations for any Personal, 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 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 142 and American Legion Riders harmless for any personal injury or property loss which may result there from. I agree not to sue the American Legion department of Florida, Inc., The American Legion Post 142 and American Legion Riders for any injury or damage which may occur as a result of my own or my guests participation in any sponsored event and I agree to reimburse the American Legion Department of Florida, the American Legion Post 142, and American Legion Riders for any and all losses they may as a result there from.

I have read and understand the above agreement.

Membership Signature: _____ **Date:** _____

Sponsor: _____

Amount Received: \$ _____ **Cash** _____ **Check #:** _____

Are you affiliated with any other Motorcycle Association/Club? Yes _____ **No** _____

If yes – name of association/club _____