



AMERICAN LEGION RIDERS ASSOCIATION OF WISCONSIN

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West Allis, Wisconsin 53219-1255**

**MEMBERSHIP APPLICATION / RENEWAL
Annual Dues \$30.00 payable to: ALRA District 4-5**

Name: _____
(Please Print) Last First MI (Nickname)

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Year Of Birth: _____

E-mail Address: _____ District #: _____ Post #: _____
(By providing your e-mail address you agree to receive information from ALRA WI)

Legion Family Membership Card #: _____ Year of Card: 20_____

Please provide a copy of your current year Legion Membership Card

New Member Applicant: Renewal:
Legionnaire: Auxiliary: S.A.L.:

Submitting Officer Use Only: New American Legion Member: Existing Legion Member:

This is a Disclaimer – Please Read Before Signing

I agree that the American Legion and the American Legion Riders Association shall not be liable or responsible for damage to property or any injury to persons including myself during any American Legion Riders event, even where the damage is caused by negligence (except willful neglect). I understand and agree that all American Legion Riders Association members and their guests participate voluntarily and at their own risk at all American Legion Riders events. I release and will not hold American Legion Riders officers and the American Legion responsible for any injury or loss to my person or property, which may result there from. I understand this means that I agree not to sue the American Legion Riders officers and/or the American Legion for any injury resulting to myself or my property in connection with any American Legion Riders Association event.

I also agree that acceptance of membership to the American Legion Riders Association defines that if I choose not to renew my membership, or I am expelled for any reason, patch(es) and/or rocker(s) will be immediately returned with no reimbursements.

Respecting the privacy of each and every one of our members must remain a high priority for all of us. Any unauthorized or improper use, or distribution, of the ALRA Membership roster could jeopardize the integrity of our organization. Our members, and future members, need to be assured that any contact information they are willing to provide will not be shared outside the group or used improperly.

I have read and accept the By-Laws of the American Legion Riders Association of Wisconsin.

Approval to publish phone numbers District 4-5 only yes no

Signature: _____ Date: ____/____/____

Verification: Legion Card Current Drivers License Motorcycle Endorsement

Sponsored/Recruited By: _____ Date: ____/____/____