American Legion Riders Post 1033

60 Hill Avenue ● Elmont, NY 11003
Rider Membership Application

About You: *Complete this section entirely. Enter **n/a** if not applicable.*

Name, Last: _____ **First:** _____ **Nickname:** _____

No. & Street: _____

City: _____ **State:** _____ **ZIP:** _____

Mobile Phone: (____) _____ - _____ **Home Phone:** (____) _____ - _____

Date of Birth: ____ / ____ / ____ **Email:** _____ @ _____
MO   DAY   YEAR

Spouse Name: _____ **Spouse Birthday:** ____ / ____ **Anniversary:** ____ / ____ / ____
MO   DAY   MO   DAY   YEAR

Check one or more: ☐ **Legion** ☐ **SAL** ☐ **Aux** **Post/Unit/Sqadron #** _____ **I.D.#** _____

Service Branch: ☐ **-Army** ☐ **-Navy** ☐ **-Marines** ☐ **-Air Force** ☐ **-Coast Guard** ☐ **-Space Force**

Service Era (Veterans only)

☐ *(Apr 6, 1917 -Nov 11, 1918) World War I*   ☐ *(Dec 7, 1941 - Dec 31, 1946) World War II*

☐ *(Jun 25, 1950 - Jan 31, 1955) Korean War*   ☐ *(Feb 28, 1961 - May 7, 1975) Vietnam War*

☐ *(Aug 24, 1982 - Jul 31,1984) Lebanon/Grenada*   ☐ *(Dec 20, 1989 - Jan 31, 1990) Operation Just Cause*

☐ *(Aug 2, 1990 - Today)* Operation Desert Shield/ Storm*   ☐ *OTHER (Dec 7, 1941 - Today)* **For service during gaps between other periods listed**

Emergency Contact Name: _____ **Phone:** (____) _____ - _____

About your bike:

Make: _____ **Model:** _____ **Displacement/CC** _____

Check the box alongside the appropriate statement below, sign and date.

☐ "I, the undersigned, certify that the motorcycle listed above is registered in my or my spouse's name and is 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 my motorcycle which meets at least the minimum state, city, and/or local insurance requirements. I also certify that I have a valid driver's license with a motorcycle endorsement."

☐ "I am joining as a passenger of the following rider: _____ . I will not be operating a motorcycle as an American Legion Rider, but may be participating in American Legion Rider events as a passenger. If my status changes, I will request, complete, and submit a new Member Application Form."

Signed: _____ Date: _____
(All members must signify their understanding and certification of the relevant section above by signing and dating here.)

Approved by: _____ Date: _____
Signature of Officer

Membership Vote Date: _____ Application Status: ☐ Approved ☐ Denied

ALR1033 Form MA(1/23)