



American Legion Riders Department of Pennsylvania Chapter # _____



Membership Application and Information Form

Last Name _____ First Name _____

Address _____

City _____ State _____ Zip _____

Phone _____ Email _____

Spouse Name _____ Spouse Phone _____

Member of Post # _____ *(Please Circle)* Regular SAL Auxiliary

9 Digit Membership ID # _____ *(Please Circle)* Driver Passenger

Emergency Contact _____ Phone _____

(Please list an emergency contact other than the person you will be riding with. Thank you!)

About Your Bike

Year _____ Make _____ Model _____ CC's _____

Signature _____ Date _____

For Administration use only

Valid Driver's License with Motorcycle Endorsement
or Separate Valid Learners Permit - copy attached: Yes: _____ No: _____

Valid Owners Registration - copy attached: Yes: _____ No: _____

Valid Insurance Card - copy attached: Yes: _____ No: _____

Membership Chairman Review Complete: Yes: _____

Road Captain Review Complete: Yes: _____

Membership Approved: Date: _____ Yes: _____ No: _____

If membership is not approved, please supply reason below.
