

American Legion Riders Association  
Massachusetts Chapter #155



**Application For Membership**

*(Print, fill out, and mail)*

Nickname: \_\_\_\_\_

Name: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: ( \_\_\_\_\_ ) \_\_\_\_\_ Birth Date: \_\_\_\_\_

American Legion Post # \_\_\_\_\_ 155 \_\_\_\_\_

Motorcycle (Make, Model, cc's) \_\_\_\_\_

**The following is a release form. It is a LEGAL DOCUMENT. Please read carefully before signing.**

**I agree that the American Legion, and the American Legion Motorcycle Association (henceforth referred to as 'Riders'), shall not be liable or responsible for damage to property or injury to persons including myself during any Riders activities, even where the damage or injury is caused by negligence (except willful neglect). I understand and agree that all Riders members and their guests participate voluntarily, and at their own risk in all Riders activities. I release and hold the Riders officers and the American Legion harmless for any injury loss to my person or property which may result due to my participation in the Riders and/or their activities. I understand that this means that I agree not to sue the Riders officers, whether local, state or national, nor the American Legion for any injury resulting to myself or my property in connection with and Riders activities.**

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Legion/Auxiliary/SAL Member # \_\_\_\_\_  
(Circle One)

*Send completed application with \$20.00 dues and photocopies listed below to the following address:*

*MA Post 155  
American Legion Riders  
Attn: Secretary  
PO Box 286  
Dalton MA 01227*

*Application must be accompanied with photocopies of the following:*

- *Driver's license showing motorcycle endorsement*
- *Current registration for your motorcycle*

- *Current Legion/Auxiliary/S.A.L. membership card*