



Motorcycle Association - Post 372/Mandarin  
Jacksonville, FL 32257

## **Application for Membership**

Annual Membership Dues: \$15 per year

NAME \_\_\_\_\_ NICKNAME \_\_\_\_\_

ADDRESS \_\_\_\_\_

CITY/STATE/ZIP \_\_\_\_\_

PHONE \_\_\_\_\_

E-MAIL \_\_\_\_\_

Applicant is a member of:

**American Legion** \_\_\_\_\_ **American Legion Aux** \_\_\_\_\_ **SAL** \_\_\_\_\_

General Membership Approval \_\_\_\_\_ Disapproval \_\_\_\_\_

Birth Date: \_\_\_\_\_

By signing this application, I agree to waive and all claims against The American Legion, American Legion Riders, and all Members, of these organizations for any personal or 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 if 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 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 or 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 or American Legion Riders for any and all losses they may suffers as a result there from.

I have read and understand the above agreement.

Member Signature \_\_\_\_\_ Date \_\_\_\_\_

Sponsor \_\_\_\_\_

New \_\_\_ Renew \_\_\_ Card # \_\_\_\_\_ Exp Date \_\_\_\_\_

Amt Recvd \$ \_\_\_\_\_ Cash \_\_\_\_\_ Check # \_\_\_\_\_