



American Legion Riders of PA, Inc. Chapter 36

Membership Application and Information Form

(Must be filled out completely)

Last Name: _____ First Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone (cell & home): _____ Email Address: _____

Spouse Name: _____ Phone: _____

Member of: American Legion _____ S.A.L. _____ Auxiliary _____ Post # _____

Nine Digit I.D. on Membership Card: _____ ALR Membership # _____

You will be: Driver: _____ Passenger: _____

Emergency Contact Name: _____ Phone #: _____

About Your Bike

Year: _____ Make: _____ Model: _____ CC's _____

Signature: _____ Date: _____

----- For Administration use only -----

Valid Motorcycle Endorsement on Drivers License: Yes: _____ No: _____

Valid Insurance Card: Yes: _____ No: _____

Valid Owners Registration: Yes: _____ No: _____