



American Legion Riders

of

Pennsylvania



Chapter _____

Membership Application and Information Form

(Must be filled out completely)

Last Name: _____ First Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone (cell & Home): (____)____-____ Cell: (____)____-____ Email: _____

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 Driver's License: Yes: _____ No: _____

Valid Insurance Card: Yes: _____ No: _____

Valid Owner's Registration: Yes: _____ No: _____