



# American Legion Riders

## Knowles-Doyle American Legion Post 317

### Membership Application and Information Form

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_

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

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

Phone: \_\_\_\_\_ Cell: \_\_\_\_\_ Email Address: \_\_\_\_\_

Spouse Name: \_\_\_\_\_ Contact Number: \_\_\_\_\_

Member of Post: \_\_\_\_\_ Membership ID#: \_\_\_\_\_ (circle one) Legionnaire-- S.A.L.-- Auxiliary

Driver \_\_\_\_\_ or Passenger \_\_\_\_\_

Emergency Contact: \_\_\_\_\_ Phone: \_\_\_\_\_

About Your Bike Year: \_\_\_\_\_ Make: \_\_\_\_\_ Model: \_\_\_\_\_ CC's: \_\_\_\_\_

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

### **For Administration use only**

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Valid Legion, ALA or SAL Card - copy attached: Yes: \_\_\_\_\_ No: \_\_\_\_\_

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: Yes: \_\_\_\_\_ No: \_\_\_\_\_ Date: \_\_\_\_\_

If membership is not approved, please supply reason why below.

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