

CHINA POST 1 – DRAGON RIDERS



American Legion Riders - Membership Application Form

**Membership is only for China Post 1 Members who ride a motorcycle*

**Membership/Continued Membership is contingent upon annual dues being current with host program and the riders program*

First & Last Name: _____

***Desired Nickname/Road Name:** _____

Spouse (if Applicable): _____

Emergency Contact: _____

Home/Cell Phone: _____

Secondary Phone: _____

Street Address: _____

City, State, and Zip: _____

Membership type (AL, SAL, AUX): _____

American Legion Member #: _____

Are you a PUFL or Annual Dues Member?: _____

Host Program dues current? _____

Make/Model/Year of Motorcycle: _____

1) Dues for China Post 1 ALR are \$25.00 and paid via the ChinaPost1.us website, or if paying by personal check, sent to the Director at the address below. The dues must be paid by December 31st each year. Honorary Membership is available to current Riders who due to circumstances outside their control (such as health) prevent them from continuing to ride a motorcycle.

2) The undersigned agrees that they will abide by all traffic laws when riding, and agrees that The American Legion, China Post 1, and The American Legion Riders (a.k.a. Dragon Riders or Riders), shall not be liable or responsible for damage or injury to persons including myself during any Rider 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, the American Legion, and China Post 1 harmless for any injury or loss to my person or property that may result through my participation in the Riders program and/or their activities. I understand that this means that I will not sue Rider's officers, whether local, state, or national, nor the American Legion or China Post 1, for any injury resulting to myself or my property in connection with any Rider's activities.

3) Further, I certify that I meet the proper license, registration, and insurance requirements for the state or country in which I reside, that I am a current member of China Post 1 and that the above information is true and correct.

Signed: _____ **Dated:** _____

This completed form with proof of insurance is to be emailed to

Director@chinapost1alr.org If mailing via USPS:

China Post 1 ALR Director

29265 Leiterman Rd.

Elberta, AL 36530