

Application for Membership

AMERICAN LEGION RIDERS *Post 21*

16701 East 40 Highway
Independence Mo. 64055
816.373.0221

Associate Member

Last Name _____ First Name _____

Nick Name _____ Email _____

Home Address _____

City _____ State _____ ZIP _____

Home Phone _____ Cell Phone _____

Emergency Name _____ Phone _____

Legion Post _____ Card _____ Auxillary _____ S A L _____

I understand that as an Associate member I will not have voting rights, nor will I be able to run for/be elected or appointed as an officer.

I, the undersigned, agree that the American Legion and the American Legion Riders, Shall not be liable or responsible for damage to property or injury to persons including myself during any Rider activities excepting in the event of willful neglect. I understand and

Agree that participation in any event is voluntary and at my own risk. I agree not to hold any officer of such organization liable for any injury or damage as a direct result of Participation in a sponsored event.

Signed _____ Date _____

Annual Dues of \$10.00 to be included with application.

Sponsor member _____ Date _____

Associate Member A L R Post 21

Associate member

Does not meet requirements for full membership

Must be member of Legion, Auxiliary, or SAL

Must be sponsored by current regular member

Approved by vote of regular members (what % of voters)

Shall be a member of Post 21 ALR, but not Missouri State ALR

Shall not have voting rights

May not be elected to/hold office

May serve on committees

May attend meetings and other ALR functions

May be involved in ALR functions

May wear ALR patch , with Rocker stating Associate Member

Post will not pay ½ of patch (cost \$40.00)

Dues will be \$10.00 per year

Membership Card to be stamped Associate