



American Legion Riders of Maryland

Ridge Post 255

Membership Application and Information Form

Last Name _____ First Name _____

Mailing 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 # _____

Emergency Contact: Name _____ Phone # _____

About your Bike

Year _____ Make _____ Model _____ CCs _____

I certify that I meet all the requirements established for membership and I agree to maintain such eligibility or forfeit my membership in the American Legion Riders.

Signature of Applicant _____