

Please return completed application to:



**American Legion Riders
Port Saint Lucie
Florida Chapter 318
Application for Membership**

Date of Application _____ **Annual Membership dues: \$20.00**

Name _____ **Rider Name** _____

Street _____

City _____ **State** _____ **Zip** _____

Phone _____ **Email** _____

Member of _____ **American Legion Post 318**

_____ **American Legion Auxiliary Post 318**

_____ **Sons of The American Legion Post 318**

Sponsored by _____

Emergency Contact _____ **Phone** _____

Alternate Contact _____ **Phone** _____

I have received a copy of American Legion Riders Chapter 318 Constitution and By-Laws, and agree to abide by and be governed by the guidelines set forth in these documents. I have also read and signed the accompanying Waiver and Release from Liability form as required by Department of Florida.

Printed Name

Signature

Date

Witnessed By (Sponsor)

Signature