



Application for Membership

American Legion Riders

Post 40

Plymouth, Ma.

Name: _____ Birth Date: _____
(First) (Initial) (Last)

Address _____
(Street) (City) (State) (Zip code)

Contact Phone Number: _____

Email Address: _____

Eligibility established by: Veteran___ SAL___ Auxiliary___ Spouse___ Supporter___

I hereby subscribe to the By Laws of the American Legion Riders, Post 40, apply for membership, and transmit \$20.00 as the first year dues.

Applicant Signature: _____

Sponsored By: _____

Additional Information:

Year and Make of Bike: _____ Color _____ CC _____