

American Legion Riders of Missouri Membership Application

Name _____ Phone _____

Mailing Address _____

Street City Zip

Email Address _____

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 _____

Recruited By _____

Affiliation: Circle One
Legion Auxiliary SAL
Post/Unit/Squadron # _____
Membership # _____



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