

Jason D Lewis Post 10201 VFW Riders

Member Information Form/Application for Membership

About You: Complete this section in its entirety.

Application type: **VFW Member** **VFW Auxiliary** **Veteran Supporter** **Civilian Supporter**

Last Name: _____ First Name: _____ MI: _____

Home Address: _____ Apt: _____

City: _____ ST: _____ Zip: _____

Home Phone: () _____ Cell Phone: () _____

Member of: **VFW** **Auxiliary** Post # _____ Member #: _____

Primary Email: _____ Secondary Email: _____

Emergency Contact Name: _____ Phone: () _____

This is who we would contact should something happen to you.

About your bike: Complete this section if you will be riding a motorcycle with the VFWRG. Cross it out if you are a passenger.

Make _____ Model _____

Motorcycle License: (circle one) YES NO

Motorcycle Safety Course Card: (circle one) YES NO

Insurance Certification: By signing this application, I certify that this motorcycle is insured by a liability policy issued through an insurance company licensed to do business in Connecticut, and it will remain insured while registered.

THIS IS A RELEASE. PLEASE READ BEFORE SIGNING!

I agree that the VFW and VFW Riders Group are not liable or responsible for damage to property or injury to any person, including myself, during any VFW or VFW Riders activities, even when the damage or injury is caused by negligence.

I understand and agree that all VFW Riders members and their guests participate voluntarily and at their own risk in all activities of the VFW and VFW Riders.

I release and hold harmless the VFW Riders, the VFW officers or the VFW for any injury or loss to my person or property, which may result there from. I understand this to mean that I agree not to sue the Jason D Lewis Post 10201 VFW Riders, the VFW Riders officers or the VFW.

I further agree that I am responsible for providing adequate insurance on my motorcycle or any other vehicle I use, operate or am responsible for while participating in an activity of the VFW or VFW Riders to cover liability in case of accident or injury.

The above agreements and representations are entered into freely and without coercion or under duress.

This agreement may not be modified orally and may not be waived in any respect.

Signature: _____ Date: _____

Sponsor Signature: _____ Date: _____