



AMVETS RIDERS OF WISCONSIN
750 N Lincoln Memorial Drive, Milwaukee, WI 53202-4018
NEW MEMBERSHIP/RENEWAL APPLICATION - \$25.00

Name: _____
(Please Print) Last First MI (Nickname)

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ D.O.B.: ____/____/____

E-mail Address: _____ District #: _____ Post #: _____

AMVETS Membership #: _____ Year Paid to: _____

Motorcycle Type _____ CC's: _____ or Supporter: _____

New Member Applicant: Renewal Application:

AMVETS: AMVETS Auxiliary: Sons of AMVETS:

Submitting Officer Use Only: New AMVETS Member: <input type="checkbox"/> Existing AMVETS Member: <input type="checkbox"/>

I agree that AMVETS, Department of Wisconsin and AMVETS Riders of Wisconsin, Inc. shall not be liable or responsible for damage to property or any injury to persons including myself during any AMVETS Riders event, even where the damage is caused by negligence (except willful neglect). I understand and agree that all AMVETS Riders of Wisconsin, Inc. members and their guests participate voluntarily and at their own risk at all events. I release and will not hold AMVETS Riders of Wisconsin, Inc. and/or AMVETS Department of Wisconsin responsible for any injury or loss to my person or property, which may result there from. I understand this means that I agree not to sue the AMVETS Riders officers and/or the AMVETS Department of Wisconsin for any injury resulting to myself or my property in connection with any AMVETS Riders of Wisconsin event.

I also agree that acceptance of membership to the AMVETS Riders of Wisconsin, Inc. defines that if I choose not to renew my membership, or I am expelled for any reason, all patches issue by AMVETS Riders of Wisconsin, Inc. will be immediately returned with no reimbursements.

Respecting the privacy of each and every one of our members must remain a high priority for the AMVETS Riders of Wisconsin, Inc. Any unauthorized, improper use or distribution of the AMVETS Riders of Wisconsin Membership roster could jeopardize the integrity of our organization. Our members and any future members can be assured that any contact information they are willing to provide will not be shared outside the AMVETS Riders of Wisconsin, Inc. and will not be used improperly.

I have read and accept the By-Laws of the AMVETS Riders of Wisconsin.

Signature: _____ Date: ____/____/____

Sponsored By: _____ Date: ____/____/____