Nebraska VFW Riders

Member Information Form/Application for Membership

Last Name:	First Name:	MI:
Preferred Name/Nickname:		
Home Address:		Apt:
City:	ST: NE Z	ip:
Home Phone: (402)	Cell Phone: (402)	
Spouse:	Applicant's Birth Date (mm/dd/yyy	y):
Member of: VFW Auxiliary	Post # Member #:	
Primary Email:	Secondary Email:	
Emergency Contact Name:	Phone:	_()
	ve would contact should something happen to you.	it out if you are a passanger
About your bike: Complete this section if	f you will be riding a motorcycle with the VFW. Cross	it out if you are a passenger.
Make:	Model: Disp	lacement: CC
THIS IS A RELEASE. PLEASE READ BEF	FORE SIGNING!	
=	cycle Association are not liable or responsible for dan N or VFW Riders activities, even when the damage or	
I understand and agree that all VFW Riders n of the VFW and VFW Riders.	members and their guests participate voluntarily and	at their own risk in all activities
	the VFW officers or the VFW for any injury or loss to mean that I agree not to sue the VFW Riders, the VFW	
	viding adequate insurance on my motorcycle or any o activity of the VFW or VFW Riders to cover liability in	
The above agreements and representations	are entered into freely and without coercion or unde	r duress.
This agreement may not be modified orally a	and may not be waived in any respect.	
Signature:	Date:	

Mail this form and \$12.00 to: (VFW Post 2503, 8904 Military Rd Omaha, NE 68134) or bring to the next scheduled Riders meeting at Post 2503 (3rd Thursday of the month @ Post 2503 90th & Military)