



VETERANS OF FOREIGN WARS.

SOUTH DAKOTA VFW RIDERS GROUP

Department of South Dakota

1600 W Russell St, Ste 135
Sioux Falls, SD 57104
605-332-7441 Office
605-593-3389 Mobile
davebaumiller@gmail.com

Member Information Form / Application for Membership

First Name: Last Name: MI:

Address: Apt:

City: State: Zip:

Home Phone: Cell Phone:

VFW Post: AUX Post: Member ID:

Non-Member Supporter: Email:

Emergency Contact Name: Phone:

About your bike: Compete this section if you will be riding a motorcycle with the VFW. Leave it blank if you are a passenger and will be a Support Member.

Make: Model:

Motorcycle License: Yes No Motorcycle Safety Course Card: 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 South Dakota, 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 the VFW Riders, the VFW Officers, or the VFW for any injury or loss to my person or property, which may result from. I understand this to mean that I agree not to sue the 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 request.

Signature: Date:

Sponsor Signature: Date:

Supporters and Auxiliary Members a \$15 annual payment needs to be sent to the Department of South Dakota VFW