



Year 2018

Application for membership in

CONNECTICUT CHAPTER

RETREADS MOTORCYCLE CLUB INTERNATIONAL, INC.

AMA CHARTER 3233 – NEW ENGLAND CHARTER 32335

Date: Month. ___/Day. ___/Year. ___

Please check one: [] New [] Renewal

Please complete the following in full (print or type):

Rider: _____ Co-Rider: _____

Address: _____ City: _____

State: _____ Zip: _____ Home Phone: (____) _____ Cell Phone: (____) _____

May we place your Home Phone No. on our Members Phone List? YES [] NO []

May we put your information in the International Gold Book YES [] NO []

E-Mail Address: _____

Rider's Birthday: ___/___/___ Co-Rider's Birthday: ___/___/___

Wedding Anniversary: ___/___/___

AMA Number (if a member): _____ Expiration Date: ___/___/___

Occupation: _____

Hobbies: _____

Motorcycle: 1st Bike – Year: _____ Make: _____ Model _____

2nd Bike – Year: _____ Make: _____ Model _____

From Whom or Where Did You Hear About Us?: _____

Yearly Membership/Newsletter Donation: \$15.00 - Single [] \$20.00 - Couple []

Make Check Payable To: "Ida Pisani"

Return Appl.To: Ron & Camille Pisani 34 Allan Street West Haven, CT 06516

DUE TO THE INCREASED COSTS IN PRINTING AND MAILING WE WOULD APPRECIATE AN ADDITIONAL \$2.00 DONATION FROM THOSE WHO RECEIVE THEIR NEWSLETTERS VIA POSTAL MAIL

IMPORTANT: This must be signed by all club members.

I understand that neither the Retreads Motorcycle Club International, Inc., nor its CT Chapter, can assume responsibility for any aspect of my safety. I understand that my participation in any Retread activity is strictly voluntary and further, I release and hold harmless the Retreads from any loss to my person or property.

Rider Signature: _____ Date: _____

Co-Rider Signature: _____ Date: _____

THE FOLLOWING TO BE COMPLETED BY CT STATE REP. ONLY DO NOT WRITE BELOW THIS LINE

Retread Membership Card Number(s): Rider _____ Co-Rider _____ Check # _____