



Rhode Island Retreads Application Renewal Form

Retreads Motorcycle Club International, Inc.
AMA Charter 3233 – New England Charter 32335

2018

Date: ___/___/___ 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: RI Retreads Motorcycle Club

Return Application To: **Paul & Elaine Levin 27 Lakeside Drive Smithfield, RI 02917**

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 RI 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 RI STATE REP. ONLY

Retread Membership Card Number: Rider: _____ Co-Rider: _____

Cash: _____ Check #: _____