



Year 2019

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 # _____**