

MASSACHUSETTS/VERMONT



2019

Application for Membership: RENEWAL NEW
RETREADS MOTORCYCLE CLUB INTERNATIONAL, INC.
AMA CHARTER 3233 / NEW ENGLAND CHAPTER AMA 32335

(Please type or print)

RIDER NAME:
ADDRESS:
CITY: STATE: ZIP:
PHONE: () E-MAIL:
DATE OF BIRTH: AMA#: EXP. DATE:
OTHER MOTORCYCLE AFFILIATIONS:
OCCUPATION:
HOBBIES:
MAKE OF MOTORCYCLE: MODEL: YEAR:
HOW MANY MILES DO YOU RIDE EACH YEAR?

SPOUSE or CO-RIDER

NAME:
ADDRESS:
CITY: STATE: ZIP:
PHONE: () E-MAIL:
DATE OF BIRTH: AMA#: EXP. DATE:
OTHER MOTORCYCLE AFFILIATIONS:
OCCUPATION:
HOBBIES:
MAKE OF MOTORCYCLE: MODEL: YEAR:
HOW MANY MILES DO YOU RIDE EACH YEAR?
WOULD YOU BE INTERESTED IN HOSTING A SOCIAL?

IMPORTANT: Please read and must be signed by Applicant and Co-applicant before cards are issued.
By voluntarily applying for membership, I understand that the Retreads cannot assume responsibility for any aspect of my safety. I understand the sport of motorcycle riding has an inherent safety hazard. I also understand that my participation in any Retreads activity is strictly voluntary and further, I release and hold harmless the Retreads from any loss to my person or property.

SIGNATURE

Rider

Co-Rider

An annual donation of \$15.00 a single membership or \$20.00 for a couple's membership is requested. Please make checks payable to MASSACHUSETTS RETREADS and mail along with application, to:

Jon Brickett, MA Rep
185 Smoke Street
Barrington NH 03825
Email massretreads@yahoo.com

Donation Amount: \$