

NEW HAMPSHIRE () / MAINE ()



Application for Membership: RENEWAL NEW
RETREADS MOTORCYCLE CLUB INTERNATIONAL, INC.
NE Retreads AMA CHARTER 3233-5 / New Hampshire Chapter
2019

(Please type or print legibly)

RIDER NAME; _____ year joined _____
ADDRESS; _____
CITY; _____ STATE; _____ ZIP; _____
PHONE; (____) _____ E-MAIL; _____
DATE OF BIRTH; (m/d/y) _____ One person must be 40 or more years of age
AMA#; _____ EXP. DATE; _____

OTHER MOTORCYCLE AFFILIATIONS; _____

Do you approve of your contact information being shared with other Retreads? Name [], E-mail [],
Address [], Phone Number []. Please check off each portion that may be listed and sign below to approve.
If assistance is available please indicate-Trailer [], Tools [] or anything else [].

CO-RIDER NAME: _____ year joined _____

ADDRESS; _____

CITY; _____ STATE; _____ ZIP; _____

PHONE; (____) _____ E-MAIL; _____

BIRTHDAY; (m/d) _____ AMA#; _____ EXP. DATE; _____

Anniversary Date _____ Year Married _____

OTHER MOTORCYCLE AFFILIATIONS; _____

WOULD YOU BE INTERESTED IN HOSTING A SOCIAL? _____

Do you approve of your contact information being shared with other Retreads? Name [], E-mail [],
Address [], Phone Number []. Please check off each portion that may be listed and sign below to approve.

IMPORTANT; (This must be signed by all applicants)

I understand that the RETREADS cannot assume responsibility for any aspect of my safety. I 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 _____

Recruited by _____

An annual donation of \$15.00 for a single membership or \$20.00 for a couple's membership is requested.

Please make checks payable to NH RETREADS and mail, along with application to;

NH Retreads, 9 Spring St., Raymond NH 03077

Donated Amount: \$ _____