



**Year 2019**

**Application for membership in**

**RHODE ISLAND CHAPTER**

**RETREADS MOTORCYCLE CLUB INTERNATIONAL, INC.**

**INTERNATIONAL A.M.A. CHARTER 3233 – NEW ENGLAND A.M.A. 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: 1<sup>st</sup> Bike – Year: \_\_\_\_\_ Make: \_\_\_\_\_ Model \_\_\_\_\_

2<sup>nd</sup> 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 Appl.To: Ron & Robin Cardin 97 Spruce Road, Norwood, MA 02062-1320**

**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  
DO NOT WRITE BELOW THIS LINE**

**Retread Membership Card Number(s): Rider \_\_\_\_\_ Co-Rider \_\_\_\_\_  
Check # \_\_\_\_\_**