



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 or any Retreads member 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:

Donation Amount: \$ _____

Ron Cardin
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Norwood MA 02062