

# CT RETREADS 2020 APPLICATION FOR MEMBERSHIP

Retreads Motorcycle Club International, Inc



Donation: \$15 Single/Couple \$20    \_\_\_ **RENEWAL**    \_\_\_ **NEW** (Check or Cash to Camille Pisani)

**As of 1/1/20 - the cost will be \$20. single / \$25. Couple**

**Rider Name:** \_\_\_\_\_ **Year Joined:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Zip Code:** \_\_\_\_\_

**Phone:** \_\_\_\_\_ **Email:** \_\_\_\_\_

**Date of Birth (m/d/y):** \_\_\_\_\_ *One person must be 40 years of age or over*

**AMA #:** \_\_\_\_\_ **Expiration Date:** \_\_\_\_\_

**Other Motorcycle Affiliations:** \_\_\_\_\_ **Year Joined:** \_\_\_\_\_

**Co-Rider Name:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Zip Code:** \_\_\_\_\_

**Phone:** \_\_\_\_\_ **Email:** \_\_\_\_\_

**Date of Birth (m/d/y):** \_\_\_\_\_ **Anniversary Date: (m/d/y):** \_\_\_\_\_

**Other Motorcycle Affiliations:** \_\_\_\_\_

Would you be interested in hosting a social? \_\_\_\_\_

Do you approve of your contact information being shared with other Retreads? \_\_\_\_\_

Name \_\_\_\_\_ Email \_\_\_\_\_ Address \_\_\_\_\_ Phone No. \_\_\_\_\_ Please check off each portion applicable

## **THIS APPLICATION 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.*

**Rider:** \_\_\_\_\_ **(Signature)** \_\_\_\_\_ **(Date)** \_\_\_\_\_

**Co-Rider:** \_\_\_\_\_ **(Signature)** \_\_\_\_\_ **(Date)** \_\_\_\_\_