

NEW HAMPSHIRE () / MAINE ()



2020 Renewal Application for Member(s)
RETREADS MOTORCYCLE CLUB INTERNATIONAL, INC.
NE Retreads AMA CHARTER 3233-5
(Please type or print legibly)

RIDER NAME; _____ Year joined _____

CO-RIDER NAME: _____ Year joined _____

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 _____

SIGNATURE; Co Rider _____

Recruited by _____

Usually an annual donation of \$20.00 for a single membership or \$25.00 for a couple's membership is requested. This fee will be absorbed by the chapter for your first year.

Please make checks payable to NH RETREADS, (ME funds kept separate) and mail, along with application to; NH Retreads, 4 Bell St. Apt. 1, Gorham NH 03581 Donated Amount: \$ _____

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Additional information requested for new members or to change information.

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 and/or AMA. Name [], E-mail [], Address [], Phone Number []. AMA Number [] Please check off each portion that may be listed.

If assistance is available please indicate-Trailer [], Tools [] or anything else [].

CO-RIDER NAME: _____

ADDRESS; _____

CITY; _____ STATE; _____ ZIP; _____

PHONE; (_____) _____ E-MAIL; _____

BIRTHDAY; (M/D) Yr not needed _____ AMA#; _____ EXP. DATE; _____

Anniversary Date (M/D) _____

OTHER MOTORCYCLE AFFILIATIONS; _____

WOULD YOU BE INTERESTED IN HOSTING A SOCIAL? _____

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