

NEW HAMPSHIRE ( ) / MAINE ( )



2020 Application for Membership: New Members only  
RETREADS MOTORCYCLE CLUB INTERNATIONAL, INC.  
NE Retreads AMA CHARTER 3233-5  
(Please type or print legibly)

RIDER NAME; \_\_\_\_\_ Year joining \_\_\_\_\_

CO-RIDER NAME: \_\_\_\_\_ Year joining \_\_\_\_\_

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 unresponsible 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.

Fees will be absorbed by the chapters for your first year, NH/ME residents only!

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 or e-mail to [nhretrd@gmail.com](mailto:nhretrd@gmail.com)

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 [ ] P lease check off each portion that may be listed.