



2023 Application for Membership  
RETREADS MOTORCYCLE CLUB INTERNATIONAL, INC.  
NE Retreads AMA CHARTER 3233-5  
NEW HAMPSHIRE ( ) / MAINE ( )

RIDER NAME, \_\_\_\_\_ Year joining \_\_\_\_\_

As you want your card

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

As you want your card

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 non-responsible the RETREADS nor any officers from any loss or injury 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!

Renewals, 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: \_\_\_\_\_, 2022

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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, \_\_\_\_\_

Do you approve of your contact information being shared with other Retreads and/or AMA, (for Rally Insurance);

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

If assistance is available to others please indicate-Trailer ( ), Tools [ ] or anything else \_\_\_\_\_

CO-RIDER NAME: \_\_\_\_\_

ADDRESS; \_\_\_\_\_

CITY; \_\_\_\_\_ STATE; \_\_\_\_\_ ZIP; \_\_\_\_\_

PHONE; (\_\_\_\_) \_\_\_\_\_ E-MAIL; \_\_\_\_\_

BIRTHDAY, (M/D) Year not needed \_\_\_\_\_ AMA#, \_\_\_\_\_ EXP. DATE, \_\_\_\_\_

Anniversary Date (M/D) \_\_\_\_\_

WOULD YOU BE INTERESTED IN HOSTING A SOCIAL? \_\_\_\_\_

Do you approve of your contact information being shared with other Retreads and/or AMA (for Rally insurance)

Name ( ), Address ( ), Phone Number ( ), E-mail ( ). AMA Number \_\_\_\_\_ ( ). Please check off each portion that may be listed.