



2023 Maine Membership Application

Application for Membership: • RENEWAL • NEW (Please Circle One)
RETREADS MOTORCYCLE CLUB INTERNATIONAL, INC.
AMA CHARTER 3233 / NEW ENGLAND CHAPTER AMA 32335

(Please type or print)

RIDER NAME: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

PHONE: (____) _____ EMAIL: _____

DATE OF BIRTH: _____ (At least one must be 40 or older to become a member of the RETREADS)

AMA#: _____ EXP. DATE: _____

OTHER MOTORCYCLE AFFILIATIONS: _____

MAKE OF MOTORCYCLE: _____ MODEL: _____ YEAR: _____

HOW MANY MILES DO YOU RIDE EACH YEAR? _____

SPOUSE or CO-RIDER NAME: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

PHONE: (____) _____ EMAIL: _____

DATE OF BIRTH: _____ (At least one must be 40 or older to become a member of the RETREADS)

AMA#: _____ EXP. DATE: _____

OTHER MOTORCYCLE AFFILIATIONS: _____

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 from any loss to my person or property.

OPTIONAL: DO YOU GIVE PERMISSION TO PUBLISH YOUR NAME, PHONE AND EMAIL ADDRESS IN A RETREAD DIRECTORY, PUBLISHED BY THE INTERNATIONAL RETREADS? YES _____ NO _____

SIGNATURE

Rider

Co-Rider

An annual donation of \$20.00 a single membership or \$25.00 for a couple's membership is requested. Please make checks payable to ME RETREADS CHAPTER A and mail along with application, to:

Donation Amount: \$ _____

Maine Retreads Chapter A
Ron & Andrea Winslow
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York, ME 03909