



2023 Maine Membership Application
"Chapter D"

Application for Membership: RENEWAL NEW
RETREADS MOTORCYCLE CLUB INTERNATIONAL, INC.
AMA CHARTER 3233 / NEW ENGLAND CHAPTER AMA 32335

(Please type or print)

RIDER NAME: _____
ADDRESS: _____
CITY: _____ STATE: _____ ZIP: _____
PHONE: (____) _____ E-MAIL: _____
DATE OF BIRTH: _____ AMA#: _____ EXP. DATE: _____
OTHER MOTORCYCLE AFFILIATIONS: _____
OCCUPATION: _____
HOBBIES: _____
MAKE OF MOTORCYCLE: _____ MODEL: _____ YEAR: _____
HOW MANY MILES DO YOU RIDE EACH YEAR? _____

SPOUSE or CO-RIDER

NAME: _____
ADDRESS: _____
CITY: _____ STATE: _____ ZIP: _____
PHONE: (____) _____ E-MAIL: _____
DATE OF BIRTH: _____ AMA#: _____ EXP. DATE: _____
OTHER MOTORCYCLE AFFILIATIONS: _____
OCCUPATION: _____
HOBBIES: _____
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 single membership or \$25.00 for a couple's membership.
Please make checks payable to **ME RETREADS "ChapterD"** and mail along with application, to:

Donation Amount: \$ _____

REPRESENTATIVE "HUTCH"
Duncan Hutchinson
66 Washington Street
Brewer, Maine 04412
207-745-6722
ffrhutch@msn.com

ASST. REP "BERNIE"
Bernadette Rudnicki
126 Lancaster Brook Road
Glenburn, Maine 04401
207-852-3066
momrud@yahoo.com

TO BE FILLED IN BY REP/ASST REP ONLY

Date Received: _____ **Check#** _____ **Rider Membership #** _____

Cash _____ **Co-Rider Membership #** _____

NOTES: