



# 2024 MA/VT Membership Application

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.

## **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 MA RETREADS and mail along with application, to:**

**Donation Amount: \$** \_\_\_\_\_

MA Retreads  
Ron & Robin Cardin  
97 Spruce Road  
Norwood MA 02062

**To be filled in by Rep only**

Date Received: \_\_\_\_\_ Check #: \_\_\_\_\_ Membership #: \_\_\_\_\_

Cash: \_\_\_\_\_ Membership #: \_\_\_\_\_

Notes: \_\_\_\_\_