

## 2024 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: STATE: ZIP: CITY: OTHER MOTORCYCLE AFFILIATIONS: OCCUPATION:\_\_\_\_ HOBBIES: 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: 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: REPRESENTATIVE "HUTCH" Date: ASST. REP "BERNIE" Duncan Hutchinson Bernadette Rudnicki Member #\_\_\_\_ Co Rider #\_\_\_\_ 126 Lancaster Brook Road 66 Washington Street Brewer, Maine 04412 Glenburn, Maine 04401 Check # Cash \_\_\_\_\_ 207-852-3066 207-745-6722

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