



**CT RETREADS 2024 APPLICATION FOR MEMBERSHIP**  
 RETREADS MOTORCYCLE CLUB INTERNATIONAL, INC.



Cost: \$20. Single; \$25. Couple      \_\_\_\_\_ Renewal      \_\_\_\_\_ New      (Check or cash to Camille Pisani)

**Rider Name:** \_\_\_\_\_ **Year Joined:** \_\_\_\_\_

**Street Address:** \_\_\_\_\_

**City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Zip Code:** \_\_\_\_\_

**Phone Number:** \_\_\_\_\_ **Email:** \_\_\_\_\_

**Date of Birth:** \_\_\_\_\_ (Over 40 years old)

**AMA #:** \_\_\_\_\_ **Expiration Date:** \_\_\_\_\_

**Other Motorcycle Affiliations:** \_\_\_\_\_ **Year Joined:** \_\_\_\_\_

**Co-Rider Name:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Zip Code:** \_\_\_\_\_

**Phone Number:** \_\_\_\_\_ **Email:** \_\_\_\_\_

**Date of Birth:** \_\_\_\_\_ **Anniversary Date:** \_\_\_\_\_

Would you be interested in hosting a social? \_\_\_\_\_

Do you approve of your contact information being shared with other Retreads? \_\_\_\_\_

Name \_\_\_\_\_ Email \_\_\_\_\_ Address \_\_\_\_\_ Phone No. \_\_\_\_\_      Please check off each portion applicable

**Complete and Mail to: Camille & Ron Pisani (CT State Reps) 34 Allan Street West Haven, CT 06516**

**THIS APPLICATION 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 harmless the RETREADS from any loss to my person or property.

**Signature of Rider:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Co-Rider:** \_\_\_\_\_ **Date:** \_\_\_\_\_