



2024 Application for Membership
RETREADS MOTORCYCLE CLUB INTERNATIONAL, INC.
NE Retreads AMA CHARTER 3233-5
NEW HAMPSHIRE

RIDER NAME, _____ Year joining _____

As you want on your card

CO-RIDER NAME, _____ Year joining _____

As you want on your card

IMPORTANT; (This 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 non-responsible the RETREADS nor any officers from any loss or injury to my person or property.

SIGNATURE; Rider _____

SIGNATURE; Co Rider _____

Recruited by _____

Usually, an annual donation of \$20.00 for a single membership or \$25.00 for a couple's membership is requested.

Fees will be absorbed by the chapters for your first year, NH residents only!

Renewals, please make checks payable to NH RETREADS, and mail, along with application to;

NH Retreads, 4 Bell St. Apt. 1, Gorham NH 03581 or e-mail to nhretrd@gmail.com

Donated Amount: _____ 2023

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Additional information requested for new members or to change information.

ADDRESS, _____

CITY, _____ STATE, _____ ZIP, _____

PHONE, (____) _____ E-MAIL, _____

DATE OF BIRTH, (m/d/y) _____ (One person must be 40 or more years of age)

AMA # _____ EXP. DATE, _____

Do you approve of your contact information being shared with other Retreads and/or AMA, (for Rally Insurance);
Name (), Address (), Email (), Phone Number (), AMA Number(). Please check off each portion that may be
used for a membership listing for the Region or the International.

If assistance is available to others please indicate-Trailer (), Tools [] or anything else _____

CO-RIDER NAME: _____

ADDRESS; _____

CITY; _____ STATE; _____ ZIP; _____

PHONE; (____) _____ E-MAIL; _____

BIRTHDAY, (M/D) Year not needed _____ AMA#, _____ EXP. DATE, _____

Anniversary Date (M/D) _____

WOULD YOU BE INTERESTED IN HOSTING A SOCIAL? _____

Do you approve of your contact information being shared with other Retreads and/or AMA (for Rally insurance).

Name (), Address (), Email(), Phone Number (), AMA Number (),

Please check off each portion that may be used for a membership listing for the Region or the International.