



2025 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: