



2025 Maine Membership Application

Application for Membership: • RENEWAL • NEW (Please Circle One)

RETREADS MOTORCYCLE CLUB INTERNATIONAL, INC.

AMA CHARTER 3233 / NEW ENGLAND CHAPTER AMA 32335

(Please type or print clearly)

RIDER NAME: ADDRESS: CITY: STATE: ZIP: PHONE: EMAIL: DATE OF BIRTH: AMA#: EXP. DATE: OTHER MOTORCYCLE AFFILIATIONS: MAKE OF MOTORCYCLE: MODEL: YEAR: HOW MANY MILES DO YOU RIDE EACH YEAR?

SPOUSE or CO-RIDER NAME: ADDRESS: CITY: STATE: ZIP: PHONE: EMAIL: DATE OF BIRTH: AMA#: EXP. DATE: OTHER MOTORCYCLE AFFILIATIONS: 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 sign the form. Must be signed by the Applicant and Co-Applicant before the 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 for single membership or \$25.00 for a couple's membership is requested. Please make checks payable to "ME RETREADS CHAPTER A" and mail along with application, to:

Maine Retreads Chapter A Ron & Andrea Winslow 1 York Pond Road York, ME 03909

Donation Amount \$

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\* OFFICE USE ONLY \* CHECK # DATE \* MEMBERSHIP #