CT RETREADS 2027 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: _____