2027 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:_____

EMERGENCY CONTACT: _____PHONE#: _____

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:_____

EMERGENCY CONTACT: _____PHONE#: _____

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/VT Retreads
Ron & Robin Cardin
97 Spruce Road
Norwood MA 02062

To be filled in by Rep only

Date Received:_____Check #:_____ Membership #:_____

Cash:_____ Membership #:_____

Notes: