2027 Maine Membership Application

"Chapter D"

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.

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 single membership or $25.00 for a couple's membership.
Please make checks payable to ME RETREADS "ChapterD" and mail along with application, to:

REPRESENTATIVE "HUTCH"
Duncan Hutchinson
66 Washington Street
Brewer, Maine 04412
207-745-6722
ffrhutch@msn.com

Date: _____

Member #_____ Co Rider #_____

Check #_____ Cash _____

ASST. REP "BERNIE"
Bernadette Rudnicki
126 Lancaster Brook Road
Glenburn, Maine 04401
207-852-3066
momrud@yahoo.com