Application for Membership: ☐ RENEWAL ☐ NEW (Please Check One)

RETREADS MOTORCYCLE CLUB INTERNATIONAL, INC.

AMA CHARTER 3233 / NEW ENGLAND CHAPTER AMA 32335

(NOTE - At least one must be (40) or older to become a member of the RETREADS)

(Please type or print clearly)

RIDER NAME: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

DATE OF BIRTH: _____ PHONE: (_____) _____

EMAIL: _____

EMERGENCY CONTACT: _____

EMERGENCY CONTACT PHONE: (_____) _____

AMA#: _____OTHER MOTORCYCLE AFFILIATIONS: _____

MAKE OF MOTORCYCLE: _____ MODEL: _____YEAR: _____

HOW MANY MILES DO YOU RIDE EACH YEAR? _____

(Please type or print clearly)

SPOUSE or CO-RIDER NAME: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

DATE OF BIRTH: _____ PHONE: (_____) _____

EMAIL: _____

EMERGENCY CONTACT: _____

EMERGENCY CONTACT PHONE: (_____) _____

AMA#: _____OTHER MOTORCYCLE AFFILIATIONS: _____

MAKE OF MOTORCYCLE: _____ MODEL: _____YEAR: _____

HOW MANY MILES DO YOU RIDE EACH YEAR? _____

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.

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 $_____

OFFICE USE ONLY

CHECK # _____ DATE _____ MEMBERSHIP # _____