

APPLICATION FOR MEMBERSHIP



**Retreads® Motorcycle Club International, Inc.
AMA Charter 3233**

New _____ Renewal _____ Date _____

Name _____ Spouse _____

Address _____

City _____ State _____ Zip Code _____

Telephone _____ Email _____

Your Birthdate _____ Spouse Birthdate _____

AMA Number (if member) _____ Expiration Date _____

Other motorcycling affiliations _____

Occupation _____ Hobbies _____

Make(s) of Motorcycle(s) _____

Donation _____ (Minimum \$15 single, \$20 w/spouse suggested)

Referred by _____

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® or any Retreads® member from any loss to my person or property.

Signature _____ Spouse _____

Date _____