

# APPLICATION FOR MEMBERSHIP

2020



Retreads® Motorcycle Club International, Inc.  
AMA Charter 32333

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 \$20 single, \$25 couple per Board of Directors)

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® Motorcycle Club, International, Inc., the Mid South Region, International Officers, Regional Directors, and State and Area Representatives from any loss to my person or property.

Signature \_\_\_\_\_ Spouse \_\_\_\_\_

Date \_\_\_\_\_

**RETURN COMPLETED APPLICATION TO:** The Regional Director listed above for your Region