

## **APPLICATION FOR MEMBERSHIP**

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

New Renew	<i>r</i> al	Date	
Name		Spouse	
Address			
City		StateZip Code	
Telephone		Email	
Your Birthdate		Spouse Birthdate	
AMA Number (if r	nember)	Expiration Date	
Other motorcyclin	ng affiliations		
Occupation		Hobbies	
Make(s) of Motore	cycle(s)		
Donation	(Minimum \$	\$15 single, \$20 w/spouse suggested)	
Referred by			
safety. I understa and further, I fully	nd that my participa y release and hold h	not assume responsibility for any aspect of my ation in any Retreads® activity is strictly volunt narmless the Retreads® Motorcycle Club, ny person or property.	
		Spouse	
Date			