



Year 2018

Application for membership in

RHODE ISLAND CHAPTER RETREADS MOTORCYCLE CLUB INTERNATIONAL, INC. AMA CHARTER 3233 – NEW ENGLAND CHARTER 32335

Date: Month. _____/Day. _____/Year. _____

Please check one: New

Renewal

Please complete the following in full (print or type):

Rider: _____ Co-Rider: _____

Address: _____ City: _____

State: _____ Zip: _____ Home Phone: (____) _____ Cell Phone: (____) _____

May we place your Home Phone No. on our Members Phone List? YES NO

May we put your information in the International Gold Book YES NO

E-Mail Address: _____

Rider's Birthday: ____/____/____ Co-Rider's Birthday: ____/____/____

Wedding Anniversary: ____/____/____

AMA Number (if a member): _____ Expiration Date: ____/____/____

Occupation: _____

Hobbies: _____

Motorcycle: 1st Bike – Year: _____ Make: _____ Model _____

2nd Bike – Year: _____ Make: _____ Model _____

From Whom or Where Did You Hear About Us?: _____

Yearly Membership/Newsletter Donation: \$15.00 - Single \$20.00 - Couple

Make Check Payable To: "RI Retreads Motorcycle Club"

Return Appl. To: **Ron & Robin Cardin 97 Spruce Road, Norwood, MA 02062-1320**

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**DUE TO THE INCREASED COSTS IN PRINTING AND MAILING WE WOULD APPRECIATE AN
ADDITIONAL \$2.00 DONATION FROM THOSE WHO RECEIVE THEIR NEWSLETTERS VIA
POSTAL MAIL**

IMPORTANT: This must be signed by all club members.

I understand that **neither the Retreads Motorcycle Club International, Inc., nor its RI Chapter, can assume responsibility** for any aspect of my safety. I understand that my participation in any Retread activity is **strictly voluntary** and further, **I release and hold harmless** the Retreads from any loss to my person or property.

Rider Signature: _____ Date: _____

Co-Rider Signature: _____ Date: _____

**THE FOLLOWING TO BE COMPLETED BY RI STATE REP. ONLY
DO NOT WRITE BELOW THIS LINE**

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Retread Membership Card Number(s): Rider _____ Co-Rider _____
Check # _____