



# Rhode Island Retreads Application Renewal Form

Retreads Motorcycle Club International, Inc.  
AMA Charter 3233 – New England Charter 32335

## 2021

(Please Print Clearly)

Applicant: \_\_\_\_\_ Co-Applicant \_\_\_\_\_

Date: \_\_\_\_\_ check one:  Renewal  New Sponsored by: \_\_\_\_\_

**IMPORTANT: must be signed by Applicant and co-Applicant before cards are issued**

*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.*

**Applicant Signature:** \_\_\_\_\_ **Co-Applicant signature:** \_\_\_\_\_

New Applicants please fill out entire form. If renewing you may skip any further entries that have not changed.

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Home Phone: (\_\_\_\_) \_\_\_\_\_

Applicant's Cell Phone: (\_\_\_\_) \_\_\_\_\_ Co-Applicant's Cell Phone: (\_\_\_\_) \_\_\_\_\_

Applicant's E-Mail: \_\_\_\_\_ Co-Applicant's E-Mail: \_\_\_\_\_

May we place your phone numbers / email address on our Members Phone List? YES  NO

Applicant's Birthday: \_\_\_\_\_ Co-Applicant's Birthday: \_\_\_\_\_

Wedding Anniversary: \_\_\_\_\_

AMA Number(s) if members) : \_\_\_\_\_ Co-Applicant: \_\_\_\_\_

Occupation: \_\_\_\_\_ Co-Applicant's Occupation: \_\_\_\_\_

Make & Model of Motorcycle(s) \_\_\_\_\_

**Yearly Membership \$25.00 – Couple, \$20.00 – Single**

**Amount Enclosed \$ \_\_\_\_\_**

**Please Make Check Payable To: RI Retreads Motorcycle Club**

**Return Application To: Paul & Elaine Levin 27 Lakeside Drive Smithfield, RI 02917**

..... **FOR RI STATE REP USE ONLY** .....

Retread Membership Card Number: Applicant \_\_\_\_\_ Co-Applicant \_\_\_\_\_

Date: \_\_\_\_\_ Cash \_\_\_\_\_ Check # \_\_\_\_\_