



Application for Membership in:
**RETREADS MOTORCYCLE CLUB
 INTERNATIONAL INC.
 AMA CHAPTER 3233**

(Please type or print)

Membership for Jan. to Dec. **2011**

Date: _____ **Month / Day / Year**

Name: _____ Date of Birth: _____/_____/_____

Co-Rider: _____ Date of Birth: _____/_____/_____

Mailing Address: _____ City: _____

Province / State: _____ Postal Code: _____

Phone: _____ Cell: _____

E-mail address: _____

AMA Number (if member): _____ Expiration Date: _____

Other Motorcycle Affiliations: _____

Bike #1: Year: _____ Make: _____ Model: _____

Bike #2: Year: _____ Make: _____ Model: _____

Bike #3: Year: _____ Make: _____ Model: _____

Release and Hold Harmless Agreement

I understand that the Retreads Motorcycle Club International Inc. (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 injury or loss to my person or property.

Signature(s): _____

Rider	Date	Co-Rider	Date
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Important: The above must be signed by all applicants

Donation accepted for above: \$25.00 _____

Make Donation Cheque Payable to:

ONTARIO NORTHWEST RETREADS

Please return Applications to:

Duncan Jamieson

RR#1.

Kaministiquia, ON P0T 1X0

(807) 933-4856

For Club use only: Cheque or Cash received on: _____ Card Numbers: _____ / _____