

Application for Membership

Retreads® Motorcycle Club International, Inc.,
Gateway Regional Retreads®
AMA Charter 32338

New _____ OR Renewal _____ Date: _____

Name _____ Spouse _____

Address _____ Phone _____

City _____ State _____ Zip _____

Email _____ Wedding Anniversary ____/____/____

Birthday ____/____/____ Spouse ____/____/____ (Year is required)

AMA Membership # _____ and _____

The Club suggests a minimum donation: \$20.00 per Couple for 1 yr \$ _____
\$15.00 Single for 1 yr. \$ _____

\$ _____ Additional Donation (to support your local chapter) **(Optional)**

Chapter Name/Area _____

New Members Only:

Name of Retread Member
who referred you: _____ Chapter/Area _____

PLEASE READ & MUST SIGN

I understand that the **Retreads®** cannot assume responsibility for any aspect of my safety and that if I participate in any event, I do so voluntarily on my own assessment of my ability, assuming all risk; and I release and hold harmless the **Retreads® I Motorcycle Club** for any injury or loss to my person, property which might result there from. I understand that this means that I agree not to sue the **Retreads®** for any injury resulting to myself or my property at any such event.

Signature _____ Spouse _____

Make Checks and mail to: **GATEWAY REGIONAL RETREADS®**
36 Waterfront Circle
Lakeview, AR 72642

DO NOT WRITE BELOW THE LINE

FOR REGION USE ONLY:

Card Number _____ & _____ Date Mailed ____/____/____