



**Application for Membership**  
Retread® Motorcycle Club International, Inc.,  
Gateway Regional Retreads®  
AMA Charter 32338

**2024**

**New** \_\_\_\_\_ **OR Renewal** \_\_\_\_\_ Date: \_\_\_\_\_

Name \_\_\_\_\_ Spouse \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Email \_\_\_\_\_ Email 2: \_\_\_\_\_

Phone: \_\_\_\_\_ Phone 2: \_\_\_\_\_ Anniversary \_\_\_\_/\_\_\_\_/\_\_\_\_

Birthday \_\_\_\_/\_\_\_\_/\_\_\_\_ Spouse \_\_\_\_/\_\_\_\_/\_\_\_\_

American Motorcycle Membership # \_\_\_\_\_ and \_\_\_\_\_

(Year is **NOT**  
required)

**- PLEASE READ & SIGN. IF A COUPLE - BOTH 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® 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 **X** \_\_\_\_\_ Spouse **X** \_\_\_\_\_

Current Card Number \_\_\_\_\_ Current Card Number \_\_\_\_\_

Member Dues:: **\$25.00** per Couple for 1 yr. \$ \_\_\_\_\_

**\$20.00** for Single for 1 yr. \$ \_\_\_\_\_

- Additional Donation Amount (to support your local chapter) (**Optional**) \$ \_\_\_\_\_  
Chapter /Area \_\_\_\_\_

**Make check out to: GATEWAY REGIONAL RETREADS®**

**Mail to:**  
**Omar Crafton**  
**36 Waterfront Circle**  
**Lakeview, AR 72642**

**DO NOT WRITE BELOW THIS LINE - FOR REGIONAL USE ONLY:**

New Card Number \_\_\_\_\_ & \_\_\_\_\_ Date Mailed \_\_\_\_/\_\_\_\_/\_\_\_\_