

# Application for Membership

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

New \_\_\_\_\_ OR Renewal \_\_\_\_\_

Date: \_\_\_\_\_

## New Members Only:

Name of Retread Member  
that referred you: \_\_\_\_\_ Chapter/Area \_\_\_\_\_

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

Address \_\_\_\_\_ Phone \_\_\_\_\_

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

Email \_\_\_\_\_ Wedding Anniversary \_\_\_\_/\_\_\_\_/\_\_\_\_

Birthday \_\_\_\_/\_\_\_\_/\_\_\_\_ Spouse \_\_\_\_/\_\_\_\_/\_\_\_\_ (Year is required)

AMA Membership # \_\_\_\_\_ and \_\_\_\_\_

Member Donation:           \$20.00 per Couple for 1 yr.   \$ \_\_\_\_\_  
                                      \$15.00 Single for 1 yr.       \$ \_\_\_\_\_

\$ \_\_\_\_\_ Donation Amount (to support your local chapter) **(Optional)**

Chapter Name/Area \_\_\_\_\_

## ALL RETREADS-- 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® 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 \_\_\_\_/\_\_\_\_/\_\_\_\_