



Retreads Motorcycle Club Application/Renewal Form

Retreads Motorcycle Club International, Inc. AMA Charter 3233
Visit us at www.retreadsmc.org to learn about our group.

Please type or print clearly

Date _____

Applicant _____ Co-Applicant _____

Renewal _____ New Member _____ Sponsored By _____

Important: MUST BE SIGNED BY APPLICANT AND CO-APPLICANT, if any.

By voluntarily applying for membership, I understand that the Retreads cannot assume responsibility for any aspect of my safety. I understand the sport of motorcycle riding has an inherent safety hazard. I also 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 sign: _____ Co-Applicant sign: _____

Address _____

City _____ State _____ Zip _____ Phone _____

County _____ E-mail _____

Applicant's Birthday ____/____/____ Co-Applicant's Birthday ____/____/____

AMA number(s) if members _____ Co-Rider _____

Occupation _____ Co-Rider Occupation _____

Make of Motorcycle(s) _____

Other MC affiliations _____

Please Return Entire Application To:

James Mosley 15007 E Mexico DR Aurora CO 80012

Membership \$25 couple, \$20 single amt enclosed \$ _____

Please make check payable to: Retreads MC

Official use only:

Card(s) # issued _____ Date _____