



Eastern Pennsylvania Retreads Membership Application/Renewal Form

Retreads Motorcycle Club International In. AMA Charter 3233

Please type or print clearly.

Date _____

Name(s) _____
Applicant _____ Co-Applicant _____

Renewal ___ New Member ___ Sponsored by _____

We need help for the Mid Atlantic Rally held in May every year in Lancaster County.
Would you like to volunteer to help by leading or assisting a ride or help in the registration room? It's fun and we won't make you work too hard.

_____ **Please check here if interested. Thank you.**

Please check the box to give the Retread Motorcycle club permission to share my personal information with other club members only. This is for club purposes only. **YES** **NO**

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 that the sport of motorcycling has an inherent safety hazard. I also understand that my participation in any Retread activity is strictly voluntary and further, I release 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 Birthdate ____/____/____ Co-applicant's Birthdate ____/____/____

AMA Numbers, if members: Applicant _____ Co-applicant _____

Make of motorcycle(s) _____

Other MC affiliations _____

**Please send entire application to: Greg & Diane Gill
PO Box 573
Saylorsburg PA 18353**

Membership: Couple \$25 Single \$20 Amount Enclosed _____

Please make checks payable to: East PA Retreads MC. Check # _____

Thank you.

Cards issued _____ Date _____

