



Eastern Pennsylvania Retreads Application/Renewal Form

Retreads Motorcycle Club International, Inc.
AMA Charter 3233

Visit us at www.eparetreads.com to learn about our group.

Please type or print clearly

Date _____

Applicant _____ Co-Applicant _____
Renewal _____ New Member _____ Sponsored By _____

We need help for the Mid Atlantic Rally in May each year. Would you like to volunteer to lead or assist a ride, or help in the registration room? It's fun and we won't make you work very hard.
_____ Please check here if interested.

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 or any Retread member from any loss to my person or property.

Applicant sign: _____ Co-Applicant sign: _____

If renewing you may skip any further entries that have not changed. Be sure to sign above.

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: Kris & Brenda Hoot
460 S 10th St
Quakertown PA 18951

Membership \$20 couple, \$15 single amt enclosed \$ _____

Please make check payable to: East PA Retreads MC

Card(s) # issued _____ Date _____