



Retreads Motorcycle Club International Inc.
AMA Charter No. 3233
Edmonton, Alberta
Membership Application Form

Name _____ Birthday M/D/Y _____

Membership Card # _____ (When card received)

Name _____ Birthday M/D/Y _____

Membership Card # _____ (When card received)

Chapter Affiliate _____ (Edmonton, Foothills, etc.)

Address: Apt. # or Box:# _____

Street _____

City & Province _____

Postal Code _____

Telephone (With area code) _____

E-mail Address _____

Would you like name & phone # printed in the local chapter's phone directory? Yes _____ No _____

Would you like to receive Club news via e-mail? Yes _____ No _____

Release and Hold Harmless Agreement

I understand that the Retreads Motorcycle Club International Inc. (the Retreads) cannot assume responsibility for any aspect of my safety. I understand that my participation in any Retreads activity is strictly voluntary and further, I release and hold harmless the Retreads or any Retreads member from any injury or loss to my person or property.

Signature(s): _____
Rider _____ **Date** _____ **Co-Rider** _____ **Date** _____

Important: The above must be signed by all applicants

Thank You for Your Membership.

Make cheque payable to: *Edmonton Retreads*

Office use:

Dues: _____ per year. Paid Y/N Cash / Cheque # _____ Date received _____

(Minimum \$25)

New member Y/N Renewal Y/N Continuous member Y/N Year Joined _____

Membership Card # _____ Chapter _____