

Retreads Membership Application

Date			
Name			
Address			
City			
State			
Zip Code			
Email Address			
Home Phone			
Cell Phone			
Your Date of Birth	(mo)	(day)	(year)
Spouse's Name			
Spouse's Date of Birth	(mo)	(day)	(year)
Occupation			
Hobbies			

THE RETREADS

The Montana Chapter

Retreads Motorcycle Club International, Inc.
 AMA Charter 3233
www.Montana-Retreads.org

Membership Fees:

A minimum donation of \$15.00 single
 or \$20.00 with spouse is suggested

Donation: \$ _____

Make check payable to: RETREADS

Mail application & check made out to "RETREADS" to:
 RETREADS
 Terry Sullivan
 PO Box 8735
 Missoula, MT 59807

New Member Renewal Return

Referred By _____

Motorcycle / Membership Information

AMA Number (if a member) _____ AMA Exp Date _____

Other Motorcycle Affiliations _____

Make(s) of Motorcycles _____

I understand that 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 loss to my person or property.

 Member Date

 Spouse Date

