



# Western PA Retreads 2018 Application/Renewal Form

Retreads Motorcycle Club International, Inc.

AMA Charter 3233

Visit us at: [www.wparetreads.org](http://www.wparetreads.org)

Date \_\_\_\_\_

**(Please type or print)**

Applicant \_\_\_\_\_ Co-Applicant \_\_\_\_\_

Renewal \_\_\_\_\_ New Member \_\_\_\_\_ Sponsored By(if applicable) \_\_\_\_\_

**Important: Must be signed by Applicant and Co-applicant, if any, before cards are issued.**

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:** \_\_\_\_\_

Do you approve of your contact information being shared with other Retreads? Yes \_\_\_\_\_ No \_\_\_\_\_

May your name and/or photo appear on the Western PA Retread website? Yes \_\_\_\_\_ No \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Phone \_\_\_\_\_

E-mail \_\_\_\_\_

Applicant's Birthday \_\_\_\_/\_\_\_\_/\_\_\_\_ Co-Applicant's Birthday \_\_\_\_/\_\_\_\_/\_\_\_\_

AMA number(s) if members \_\_\_\_\_ Co-Applicant \_\_\_\_\_

Year/Make of Motorcycle(s) \_\_\_\_\_

How do you prefer to receive your newsletter? \_\_\_\_\_ Email or \_\_\_\_\_ US mail

An annual donation of \$15-single or \$20-couple is requested. Amount enclosed \_\_\_\_\_

Please make check payable to: Western PA Retreads and return application to:

Bill Feazell - 218 Dick Rd, Butler, PA 16001

The following to be completed by Western PA Rep. only

Retread Membership Card Number: Applicant \_\_\_\_\_ Co:applicant: \_\_\_\_\_

Date: \_\_\_\_\_ Cash: \_\_\_\_\_ Check: \_\_\_\_\_