



Western PA Retreads 2019 Application/Renewal Form

Retreads Motorcycle Club International, Inc.
AMA Charter 3233

Visit us at: 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: _____