



Rhode Island Retreads Application / Renewal Form

Retreads Motorcycle Club International, Inc.
AMA Charter 3233 – New England Charter 32335

2025

(Please Print Clearly)

Applicant: _____ Co-Applicant _____

Date: _____ check one: Renewal New Sponsored by: _____

IMPORTANT: must be signed by Applicant and co-Applicant before cards are issued

I understand that neither the Retreads Motorcycle Club International, Inc., nor its RI Chapter, can assume responsibility for any aspect of my safety. I 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 Signature: _____ **Co-Applicant signature:** _____

Please fill out entire form so that we can properly update our records.

Address: _____

City: _____ State: _____ Zip: _____ Home Phone: (____) _____

Applicant's Cell Phone: (____) _____ Co-Applicant's Cell Phone: (____) _____

Applicant's E-Mail: _____ Co-Applicant's E-Mail: _____

May we place your phone numbers and addresses on our Membership List? YES NO

Applicant's Birthday: _____ Co-Applicant's Birthday: _____

Wedding Anniversary: _____

AMA Number(s) if members) : _____ Co-Applicant: _____

Occupation: _____ Co-Applicant's Occupation: _____

Make & Model of Motorcycle(s) _____

Yearly Membership
Couple \$25.00 Single \$20.00

Amount Enclosed \$ _____

Please Make Check Payable To: RI Retreads Motorcycle Club

Return Application To: Paul & Elaine Levin 27 Lakeside Drive Smithfield, RI 02917

FOR RI STATE REP USE ONLY

Retread Membership Card Number: Applicant _____ Co-Applicant _____

Date: _____ Cash _____ Check # _____