**ONTARIO KAWARTHA RETREADS**
**MEMBERSHIP APPLICATION**
A.M.A. #3233

(Please Print)

RIDER_____

CO-RIDER_____**"M" LICENSED?- Y OR N**

ADDRESS_____

CITY / TOWN_____PROVINCE_____

POSTAL CODE_____PHONE #_____

EMAIL ADDRESS_____ NEWSLETTER—EMAIL / MAILED

Rider's Birthday:_____/_____/_____ Co-rider's Birthday:_____/_____/_____
Y M D (year optional) Y M D

Do you belong to any other Retread Chapter? Yes or No (please circle one)

Other Motorcycle Affiliations:_____

Motorcycles Owned:_____

Riders Occupation:_____Hobbies_____

Co-Riders Occupation:_____Hobbies_____

**IMPORTANT: This must be signed by all applicants**

I understand that The Retread Motorcycle Club International Inc. (The Retreads) cannot 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 or any Retread member from any injury or loss to my person or property.

Signature_____ _____ _____ _____
Rider Date Co-rider Date

**PLEASE RETURN COMPLETED APPLICATION TO:**
ONTARIO KAWARTHA RETREADS
C/O JIM or BETTY CHAPPEL
20 Balsam Road
RR#6 LINDSAY, ONT. K9V-4R6
**Make all cheques payable to: ONTARIO KAWARTHA RETREADS**

ANNUAL MEMBERSHIP DONATION: $25.00

**********

Date Received_____Amount_____

Membership #'s_____/ _____