



Application for Membership



# Sunshine Region

# Retreads® Motorcycle Club International, Inc.

Please type or print Membership is valid from January 1<sup>st</sup> through December 31<sup>st</sup>.

**\*\* This information must be completed before a membership card is issued.**

New Membership     Renewal Membership

Retreads® Group Name \_\_\_\_\_

Area Rep     Group Director     Assistant Group Director

**\*\* Name:** \_\_\_\_\_ **\*\*Co-Rider:** \_\_\_\_\_

**\*\* Address:** \_\_\_\_\_ **\*\*City:** \_\_\_\_\_

**\*\*State:** \_\_\_\_\_ **\*\*Zip:** \_\_\_\_\_ Phone : (\_\_\_\_) \_\_\_\_\_

E-mail Address: \_\_\_\_\_

Yes, send me the news letter using E-mail

**\*\* Applicant's Birthdate** \_\_\_\_\_ **\*\*Co-Rider's Birthdate** \_\_\_\_\_

Recruited by: \_\_\_\_\_

Donation \$ \_\_\_\_\_ \$15.00 single person or \$20.00 for a couple per year

**Make checks payable to: Sunshine Region Retreads**

**Send application to:** Sunshine Region Directors  
Jack and Carol Schardine  
1434 Golden Park Ct.  
Tallahassee, FL 32303

Phone 850 212 1930  
E-mail [sunshinedirector@comcast.net](mailto:sunshinedirector@comcast.net)

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 fully release and hold harmless the Retreads® Motorcycle Club, International, Inc. from any loss to my person or property.

<u>For Region use only</u>	
Card #(s)	_____
Ck#	_____
Cash	_____

**\*\*Signature** \_\_\_\_\_ **\*\* Date** \_\_\_\_\_

**\*\* Co-Rider** \_\_\_\_\_