



Application for Membership

Sunshine



Region



Retreads® Motorcycle Club International, Inc.

Please type or print

Membership is valid from January 1st through December 31st

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 couple per year.

Make checks payable to: Retread Motorcycle Club

Send application to: Sunshine Region Directors Ph. 772 528 4547 Email floridaretreads@aol.com Robert & Karen McGhee 1997 SE Franciscan Street Port ST. Lucie, FL 34983

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.

For Region use only Card #(s) Ck# Cash

Signature

Co-Rider

Date