

# 2016 Membership Form



## RETREADS® MOTORCYCLE CLUB INTERNATIONAL INC. – ONTARIO SOUTH

AMA Chapter 3233

Rider: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Spouse: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Phone: \_\_\_\_\_ E-mail: \_\_\_\_\_

Ontario South Retreads® Chapter will not publish any e-mail address or phone number, this information will only be used for communicating information on club activities to members by the Area Representative or persons appointed by the Area Representative.

Other MC affiliations? \_\_\_\_\_

Year, Make, Model of Motorcycle/s: \_\_\_\_\_

### Release and Hold Harmless Agreement

I understand that the Retreads® Motorcycle Club Int'l. Inc. (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 release and hold harmless the Retreads or any Retreads member from any injury or loss to my person or property.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_ Spouse: \_\_\_\_\_ Date: \_\_\_\_\_

**Important: Must be signed by all applicants**

Please return application to: **Lorraine Jarvis- Area Rep**

**111 Ventura Court**

**Stoney Creek, ON L8J 1Y5**

Donation (cheque payable to Retreads® Motorcycle Club): \$25.00

Month/Year signed: \_\_\_\_\_ Date donation received: \_\_\_\_\_ Card # \_\_\_\_\_/\_\_\_\_\_