



# Mid Atlantic Retreads Application/Renewal Form

Retreads Motorcycle Club International, Inc. AMA Charter 32332  
Visit us at [www.midatlantictreads.com](http://www.midatlantictreads.com) to learn about our group.

Please type or print clearly

Date \_\_\_\_\_

Applicant \_\_\_\_\_ Co-Applicant \_\_\_\_\_

Renewal \_\_\_\_\_ New Member \_\_\_\_\_ Sponsored By \_\_\_\_\_

We need help for the Mid Atlantic Rally in May each year. Would you like to volunteer to lead or assist a ride, or help in the registration room? It's fun and we won't make you work very hard.

\_\_\_\_\_ Please check here if interested.

**Important: MUST BE SIGNED BY APPLICANT AND CO-APPLICANT, if any.**

By voluntarily applying for membership, I understand that the Retreads cannot assume responsibility for any aspect of my safety. I understand the sport of motorcycle riding has an inherent safety hazard. I also 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 sign:** \_\_\_\_\_ **Co-Applicant sign:** \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Phone \_\_\_\_\_

County \_\_\_\_\_ E-mail \_\_\_\_\_

Applicant's Birthday \_\_\_\_/\_\_\_\_/\_\_\_\_ Co-Applicant's Birthday \_\_\_\_/\_\_\_\_/\_\_\_\_

AMA number(s) if members \_\_\_\_\_ Co-Rider \_\_\_\_\_

Occupation \_\_\_\_\_ Co-Rider Occupation \_\_\_\_\_

Make of Motorcycle(s) \_\_\_\_\_

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

**Please Return Entire Application To address listed for your area:**

- Eastern PA; Greg & Diane Gill PO Box 573 Saylorsburg PA 18353
- Western PA: Jan Archer 25461 State St Saegertown PA
- New Jersey: David Somers 35 Smith Bowen Road Galloway NJ 08205
- Maryland: Luther Beard 4855 Lewisberry Rd Dover PA 17315
- Delmarva Peninsula: Ron Doucette 75 Barratts Chapel Road Felton DE 19943
- Virginia: Bob Silsby 276 Rosser Mill Rd Pampin VA 23958
- West Virginia: Greg & Diane Gill P.O. Box 573 Saylorsburg, Pa 18353

Membership \$25 couple, \$20 single amt enclosed \$ \_\_\_\_\_

Please make check payable to: Retreads MC

Card(s) # issued \_\_\_\_\_ Date \_\_\_\_\_