

**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

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 Date Received \_\_\_\_\_ Amount \_\_\_\_\_

Membership #'s \_\_\_\_\_ / \_\_\_\_\_