2004 Application

RETREADS MOTORCYCLE CLUB INTERNATIONAL, INC.

TEXAS AREA A

AMA Charter 3233

RENEWAL ☐ NEW ☐ DATE OF APPLICATION _____

NAME _____ SIGNIFICANT OTHER _____

DATE OF BIRTH _____ S/O DOB _____

DOES YOUR SPOUSE OR S/O NEED A RETREAD MEMBERSHIP CARD? YES ☐ NO ☐

MAILING ADDRESS _____CITY _____STATE _____ ZIP _____

HOME PHONE _____WORK PHONE _____

MAKE & MODEL OF
MOTORCYCLE(S_____

OCCUPATION _____ S/O OCCUPATION_____

AMA NUMBER _____ E-MAIL _____

DONATION $_____ (ENCLOSED)

WOULD YOU ACCEPT AN E-MAIL NEWSLETTER IN PLACE OF ONE SENT IN OUR TRADITIONAL POSTAL SYSTEM. YES or NO

Make Check payable to: **RETREADS**

Mail application to:

The Beverly's
PO Box 862
Seabrook, Texas 77586 ph 281 339-3559

For official use only:

Amount received: $_____ Date received: _____
E-mail Distb:_____

Membership card mailed: _____ Database updated: _____