



2025 Delmarva Retreads Application/Renewal Form

Retreads Motorcycle Club International, Inc.
AMA Charter 3233

Date _____

(Please type or print)

Applicant _____ Co-Applicant _____

Membership Renewal for 2025 _____ New Member _____ Sponsored By _____

Important: Please read and must be signed by Applicant and Co-Applicant before cards are issued.

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 or any Retread member from any loss to my person or property.

Applicant sign: _____ **Co-Applicant sign:** _____

Do you approve of your contact information being shared with other Retreads? Yes _____ No _____

Do you approve of your picture and info being shared in our newsletter? Yes _____ No _____

How do you want the newsletter sent? _____ e-mail or _____ regular mail

The annual donation is \$25 couple _____ \$20 single _____

Check # _____ Cash _____

Please make the check payable to: Delmarva Retreads and return application to:

Ron and Cheryl Doucette, 75 Barratts Chapel Road, Felton, DE 19943

New applicants please fill entire form. If renewing, you may skip any further entries that have not changed.

Address _____

City _____ State _____ Zip _____ Home Phone _____

Applicant Cell _____ Co-Applicant Cell _____

E-mail _____ Co-Applicant _____

Applicant's Birthday ____/____/____ Co-Applicant's Birthday ____/____/____

Occupation _____ Co-Applicant _____

Make of Motorcycle(s) _____

The following to be completed by Delmarva Retread Rep. only

Retread Membership Card Number: Applicant _____ Co-Applicant: _____
Date: _____