



Ontario Kawartha Retreads  
Membership Application /Renewal Form  
AMA Charter #3233

Date \_\_\_\_\_

(Please Print)

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

Renewal \_\_\_\_\_ New Member \_\_\_\_\_

Address \_\_\_\_\_

City / Town \_\_\_\_\_ Province \_\_\_\_\_

Postal Code \_\_\_\_\_ Phone # \_\_\_\_\_

Email Address \_\_\_\_\_

Check off how you prefer to receive your newsletter. Email \_\_\_ or Can. Post \_\_\_

Can we share your email address with the club membership for social purposes? Yes \_\_\_ No \_\_\_

May your name and/or photo be used on the Kawartha Retread website? Yes \_\_\_ No \_\_\_

Do you belong to any other Retread Chapter? Yes \_\_\_ No \_\_\_

**Important: Form must be signed by Applicant and Co-applicant before membership cards are issued.**

I understand that the Retreads 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.

Applicant sign: \_\_\_\_\_ Co-applicant sign: \_\_\_\_\_

**Annual Membership Donation \$ 25**

**Please make Cheques payable to: Ontario Kawartha Retreads**

**Return completed Form with Cheque or Cash to**

**Karen Howe**

**162 Snug Harbor Road.**

**Lindsay, ON K9V 4R6**

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**The Following to be completed by Ontario Kawartha Retread Membership Rep. only**

**Retread membership card Number: Applicant \_\_\_\_\_ Co-Applicant \_\_\_\_\_**

**Date: \_\_\_\_\_ Cash \_\_\_\_\_ Cheque \_\_\_\_\_**