



ALBERTA RETREADS MOTORCYCLE CLUB

Foothills Chapter

A member of the Retreads Motorcycle Club International Inc.

AMA Charter No. 3233

MEMBERSHIP APPLICATION FORM

(Please note: If both applicants are riders, cross out the word passenger in line 2)

NAME: 1 (Rider) _____

Birthday _____

Year Month Day

Membership Card # _____ (to be filled after card is issued)

New Member ___ Membership Renewal ___

NAME: 2 (Passenger) _____

Birthday _____

Year Month Day

Membership Card # _____ (to be filled after card is issued)

New Member ___ Membership Renewal ___

ADDRESS: Apt# or Box# _____

Street _____

City & Province _____ P/C _____

Telephone Numbers _____

E-mail Address _____

Donation \$ _____ Cheques _____ Cash _____

(minimum \$25/family)

**THANK YOU FOR YOUR MEMBERSHIP with the *FOOTHILLS*
*CHAPTER OF ALBERTA RETREADS***

Cheques payable to "Foothills Chapter of Alberta Retreads"

If you are mailing this application, please send to:

Foothills Retreads

c/o Bob Duncan Bob

4 Crystal Ridge Bay

Okotoks, Alberta, T1S 1W5

Tel: 403-938-5554