

# MEMBERSHIP APPLICATION

## New York State Hudson Highlands Retreads Motorcycle Club

New: (    )                      Renewal: (    )                      Amount Enclosed: \$ \_\_\_\_\_

Minimum Annual donation:

**Family            \$20.00**  
**Single            \$15.00            Circle One**

Date: \_\_\_\_\_

Applicant's Name: \_\_\_\_\_ Birthdate: \_\_\_\_/\_\_\_\_/\_\_\_\_

Co-Applicant's Name: \_\_\_\_\_ Birthdate: \_\_\_\_/\_\_\_\_/\_\_\_\_

Address: \_\_\_\_\_

City, State: \_\_\_\_\_

Zip: \_\_\_\_\_

Telephone: ( \_\_\_\_\_ ) \_\_\_\_\_ AMA No. \_\_\_\_\_ Applicant

E-Mail: \_\_\_\_\_ AMA No. \_\_\_\_\_ Co-Applicant

**Please Make Checks Payable to:**

**Hudson Highlands Retreads Motorcycle Club**

**Send donation to:**

**Ray & Elma Taylor  
2457 County Road 35  
Bainbridge, NY 13733**

**This must be signed by all members:**

I understand that the Retreads cannot assume responsibility for any aspect of my safety and that if I participate in any event, ride, gathering, or other, I do so Voluntarily on my own assessment of my ability, on any course, road, or other and all facility conditions, assuming all risk; and I release and hold the Retreads Harmless for any injury or loss to my person or property which may result there from.

I understand that this means that I agree not to sue the Retreads or any person connected to the Retreads, for any reason, including injury or accident to myself or my property at any such event.

**Applicant's Signature:** \_\_\_\_\_

**Other or Co-Applicant's Signature:** \_\_\_\_\_