



**ABATE OF FLORIDA, INC.**  
**MEMBERSHIP APPLICATION**  
 Polk County Chapter  
 PO Box 2743  
 Lakeland, FL 33806



Name (Please Print Clearly): \_\_\_\_\_

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

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code + Four \_\_\_\_\_

Phone: (Include Area Code) \_\_\_\_\_

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

Are You a Registered Voter? YES \_\_\_\_\_ NO \_\_\_\_\_

Please List Your Voting Districts from your Registration Card.

\_\_\_\_\_ FL. House \_\_\_\_\_ FL Senate \_\_\_\_\_ US Congress District

Name of Chapter you wish to join \_\_\_\_\_ **Polk County Chapter** \_\_\_\_\_

If you're a member of more than one chapter, please designate your home chapter \_\_\_\_\_

Select ONE of the following:

New/Renewal – Annual Membership Due \$20.00

Lifetime Membership \$600.00

Transfer Membership to: \_\_\_\_\_

Change of Address: \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

**All applications are subject to approval.** Memberships are open to anyone 18 years of age or older. All members receive with their paid membership a membership card, our bi-monthly Masterlink magazine, Chapter Newsletter (electronic or hard copy), Chapter voting privileges, a \$4000.00 AD&D Policy and personal involvement in statewide motorcycle safety and legislative concerns and their freedom to ride.

**CHAPTER USE**

Dues Paid by  Cash  Check  Money Order

Mailed Date: Membership Card \_\_\_\_\_

Copy of By Laws \_\_\_\_\_ Membership Expiration Date \_\_\_\_\_

**ABATE OF FL**  
**\$4000.00 Member AD&D Benefit – Beneficiary Card**

Last \_\_\_\_\_ First \_\_\_\_\_ Middle \_\_\_\_\_

Street Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code+4 \_\_\_\_\_

Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_ Date of Birth \_\_\_\_\_

Beneficiary \_\_\_\_\_ Relationship \_\_\_\_\_

Yes, I want Child Safe Kits for my family #of Kits Requested \_\_\_\_\_