

ABATE OF FLORIDA, INC.

MEMBERSHIP APPLICATION

NAME (Please Print Legibly): _____

MAILING ADDRESS: _____
(City) _____
(State) _____
(Zip Code) _____

PHONE NUMBER _____ (Include Area Code)

MAY WE USE YOUR PHONE NUMBER FOR OUR PHONE TREE? YES NO

EMAIL ADDRESS: _____

ARE YOU A REGISTERED VOTER? YES NO (Please circle one)

PLEASE LIST YOUR VOTING DISTRICTS FROM YOUR REGISTRATION CARD:

_____ FL HOUSE _____ FL SENATE _____ US CONGRESS

NAME OF CHAPTER YOU WISH TO JOIN OR AT LARGE: _____

CHECK ONE BOX BELOW THAT APPLIES TO YOU:

- NEW ANNUAL MEMBERSHIP (\$20)
- RENEWAL OF CURRENT MEMBERSHIP (\$20)
- LIFE MEMBERSHIP (\$150)
- TRANSFER MEMBERSHIP TO: _____
- CHANGE OF ADDRESS

Signature: _____

Date: _____

All members receive with their paid membership a membership card, our bi-monthly Masterlink magazine, chapter newsletter, chapter voting privileges and personal involvement in Statewide legislative actions and their freedom to ride!

FOR ABATE OFFICE USE: _____ CHAPTER MEMBER

MEMBERSHIP DUES PAID BY: CASH CHECK MONEY ORDER (Circle One)

MAILED DATE: _____ MEMBERSHIP CARD _____ COPY OF BY-LAWS

MEMBERSHIP EXPIRATION DATE: _____