



**ABATE OF FLORIDA, INC.
MEMBERSHIP APPLICATION**

P.O. BOX 2520
DELAND, FL 32721-2520
(386) 943-9610



NAME (Please Print Legibly) _____

MAILING ADDRESS _____

CITY _____ STATE _____ ZIPCODE+4 _____

PHONE NUMBER _____ (Please Include Area Code)

EMAIL ADDRESS _____

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

ARE YOU A REGISTERED VOTER YES NO

PLEASE LIST YOUR VOTING DISTRICTS FROM YOUR REGISTRATION CARD

_____ FL HOUSE _____ FL SENATE _____ US CONGRESS

NAME OF CHAPTER YOU WISH TO JOIN _____

If you are a member of more than one chapter, please designate your home chapter _____

CHECK ONE BOX THAT APPLIES TO YOU:

- NEW ANNUAL MEMBERSHIP (\$20)
- RENEWAL OF CURRENT MEMBERSHIP (\$20)
- LIFE MEMBERSHIP (\$600)
- TRANSFER MEMBERSHIP TO :

SIGNATURE _____ DATE _____

All members receive with their paid membership, a membership card, our electronic bi-monthly Masterlink magazine, a chapter newsletter (electronic or hard copy), chapter voting privileges, a \$4000.00 Accidental Death or Dismemberment policy and personal involvement in statewide motorcycle safety and legislative concerns and their freedom to ride.

ALL APPLICATIONS ARE SUBJECT TO APPROVAL

FOR ABATE OFFICE USE _____ CHAPTER MEMBER

MEMBERSHIP DUES PAID BY: CASH CHECK MONEY ORDER CC

MAILED DATE _____ MEMBERSHIP CARD _____ COPY OF BYLAWS _____

MEMBER EXPIRATION DATE _____