



ABATE OF FLORIDA, INC.
 MEMBERSHIP APPLICATION
 P.O. BOX 2520
 DELAND, FL 32721-2520
 (386) 934-9610
 flabate@bellsouth.net



NAME (Please Print Legibly): _____

MAILING ADDRESS: _____

(City)

(State)

(Zip Code + Four)

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 DISTRICT

NAME OF CHAPTER YOU WISH TO JOIN: _____

CHECK ONE BOX BELOW THAT APPLIES TO YOU:

NEW ANNUAL MEMBERSHIP (\$20)

RENEWAL OF CURRENT MEMBERSHIP (\$20)

LIFE MEMBERSHIP (\$150)

TRANSFER MEMBERSHIP TO: _____

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!

ALL APPLICATIONS ARE SUBJECT TO APPROVAL.

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: _____