



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

P.O. BOX 2520  
DELAND, FL 32721-2520  
(386) 934-9610



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!

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: \_\_\_\_\_