

ABATE OF FLORIDA INC.
BREVARD COUNTY CHAPTER
MEMBERSHIP APPLICATION
P.O. BOX 237582
COCOA, FL 32923-7582

NAME (Please Print Legibly): _____

MAILING ADDRESS: _____

(City)

(State)

(Zip code + four)

PHONE NUMBER: () _____ (Include Area Code)

REFERRED BY: _____

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

EMAIL ADDRESS _____

WOULD YOU PREFER TO RECEIVE YOUR NEWSLETTER BY EMAIL? YES NO

ARE YOU A REGISTERED VOTER? YES NO (Please Circle One)

PLEASE LIST YOUR DISTRICTS FROM YOUR REGISTRATION CARD:

_____ FL HOUSE

_____ FL SENATE

_____ US CONGRESS

CHECK THE ONE BELOW WHICH APPLIES TO YOU:

_____ NEW ANNUAL MEMBERSHIP (\$20)

_____ RENEWAL OF CURRENT MEMBERSHIP (\$20)

_____ LIFE MEMBERSHIP (\$150) (HOME CHAPTER) _____

_____ TRANSFER: FROM: _____ TO: _____

Signature: _____ Date: _____

All members receive with their paid membership a membership card, a monthly Newsletter from the chapter, bi-monthly Masterlink magazine, 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 (Check One)

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

MEMBERSHIP EXPIRATION DATE: _____ YEAR JOINED: _____