



ABATE Membership Application

New Re-New Inactive Address Change Transfer Card Issued

Date: _____

Name: _____ Road Name: _____

Address: _____

City: _____ State: _____ ZIP+4: _____

Cell Phone: () _____ Home Phone: () _____

E-mail: _____ Birth Month: _____

Registered Voter? _____ State House: _____ State Senate: _____ US District: _____

Office Use:

I wish to join, and enclosed is: _____ \$20.00 for Annual Dues _____ \$600 for Life Membership
ABATE of Florida, Inc. Southeast Chapter P.O. Box 292693 Ft. Lauderdale, FL 33329-2693

ALL APPLICATIONS ARE SUBJECT TO APPROVAL

Signature: _____

YOU MUST BE 18 YEARS OR OLDER TO JOIN

ABATE of Florida, Inc. has partnered with American Income Life to provide all members with a \$4,000.00 AD&D policy. Please fill out the card below:

ABATE of Florida, Inc. – Members Information

Last Name: _____ First Name: _____

Physical Address: _____

City: _____ State: _____ Zip: _____

Date of Birth: _____ Phone: _____ Email: _____

Beneficiary Information:

Last Name: _____ First Name: _____

Physical Address: _____

City: _____ State: _____ Zip: _____

Date of Birth: _____ Phone: _____ Email: _____

Relationship: _____