

ABATE of Florida, Inc. Membership Application

Last Name: _____ First Name: _____ Date of Birth: _____

Address: _____ City: _____ State: _____ Zip: _____

Phone: _____ Email: _____ Chapter: _____

Are you a registered voter: Yes _____ No _____

Voting Districts Fl House: _____ Fl Senate _____ Us Congress Dist. : _____

Membership Options Annual New/Renew Member \$20.00: _____ Lifemembership \$600.00: _____

Member Transfer to New Chapter: _____ From old Chapter: _____

Change of address: _____ Name Change _____ **Home Chapter: At Large**

Signature: _____ Date: _____

ALL APPLICATIONS ARE SUBJECT TO APPROVAL. Membership is open to anyone 18 years or older. All members receive a membership card and voting privileges in their home chapter, Personal involvement in statewide Legislative actions and their freedom to ride. Mail to: Po Box 614, Cantonment, FL 32533
State Membership Trustee Tara Rici : (239) 398-0133

Membership Use Paid By Cash: _____ Check: _____ Zelle: _____ QR Code: _____

Verified By: _____ Date paid: _____ **Do Not mail Cash**



ABATE of Florida, Inc has partnered with American Income Life to provide all members with a \$4000.00 AD&D Policy
Please fill out the card below

Mail to State office: ABATE of Florida, Inc. Po Box 614 Cantonment, FL. 32533-0614 Phone: (386)943-9610

ABATE of Florida, Inc Members Information

Last Name: _____ First Name: _____ Date of Birth: _____

Physical Address: _____ City: _____ State: _____ Zip: _____

Phone: _____ Email: _____ Date Submitted _____

Beneficiary Information

Last Name: _____ First Name: _____ Date of Birth: _____

Physical Address: _____ City: _____ State: _____ Zip: _____

Phone: _____ Email: _____

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