

# 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: Hillsborough Chapter**

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 6921 Senoj Dr Tampa, FL 33610 Questions: (\_\_\_\_\_) \_\_\_\_\_

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

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## 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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