

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: Thunder Coast 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 6615 Bolivia St. Youngstown, Fl 32466

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

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: _____

2024