

Monthly Membership Update Form

Chapter Name: _____ **Month/Year:** _____ **Page** _____ **of** _____

Amount Enclosed: _____ **Submitted by:** _____

Enclosed Check: _____ **President's Signature:** _____

"PLEASE TYPE OR PRINT NEATLY" Only enter the information needed for each update as applicable. Include a copy of the completed transfer form for each transfer. Month of expiration date for renewals should be the same as the original month joined and will reflect that anniversary date as recognized by state record. Members who renew after the 30 day delinquent period will be considered new members, **no exceptions**. Please keep a copy of this update for your chapter records. Send original with payment to the State Office at the address below. Send check to PO Box 614 Cantonment FL 32533-0614

<input type="checkbox"/> LIFE <input type="checkbox"/> NEW <input checked="" type="checkbox"/> RENEWAL <input type="checkbox"/> INFO CHANGE <input type="checkbox"/> DECEASED				
<input type="checkbox"/> Multiple Chapter <input type="checkbox"/> Home Chapter				
Name:			Exp:	
Address:				
City:			State:	
Zipcode+4:				
Phone : ())			Month Joined:	
Email:				
Voter? <input type="checkbox"/> YES <input type="checkbox"/> NO		FL/H:	FL/S:	CONGRESS
Other				

<input type="checkbox"/> LIFE <input type="checkbox"/> NEW <input type="checkbox"/> RENEWAL <input type="checkbox"/> INFO CHANGE <input type="checkbox"/> DECEASED				
<input type="checkbox"/> Multiple Chapter <input type="checkbox"/> Home Chapter				
Name:			Exp:	
Address:				
City:			State:	
Zipcode+4:				
Phone : ())			Month Joined:	
Email:				
Voter? <input type="checkbox"/> YES <input type="checkbox"/> NO		FL/H:	FL/S:	CONGRESS
Other				

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Name:			Exp:	
Address:				
City:			State:	
Zipcode+4:				
Phone : ())			Month Joined:	
Email:				
Voter? <input type="checkbox"/> YES <input type="checkbox"/> NO		FL/H:	FL/H:	CONGRESS DI
Other				

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Address:				
City:			State:	
Zipcode+4:				
Phone : ())			Month Joined:	
Email:				
Voter? <input type="checkbox"/> YES <input type="checkbox"/> NO		FL/H:	FL/S:	CONGRESS
Other				

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Zipcode+4:				
Phone : ())			Month Joined:	
Email:				
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Other				

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City:			State:	
Zipcode+4:				
Phone : ())			Month Joined:	
Email:				
Voter? <input type="checkbox"/> YES <input type="checkbox"/> NO		FL/H:	FL/H:	CONGRESS
Other				

**ALL APPLICATIONS ARE SUBJECT TO APPROVAL
PLEASE KEEP A COPY FOR YOUR CHAPTER'S RECORDS!**
Select File>Save as and give it a new name such as [Chapter name-month-year]

EMAIL FORM WITH COPY OF PAYMENT TO:
ABATE OF FLORIDA, INC. MEMBERSHIP P.O.
BOX 614 CANTONMENT, FL.32533-0614
flabatestatemembership@gmail.com