

# 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: Southeast 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 292693 Ft. Lauderdale, FL 33329 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