

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

Membership Options _____ \$20.00: Lifemembership \$600.00: _____

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

Change of address: _____ Name Change: _____ **Home 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 614 Cantonment, Fl 32533 Questions: (386)943-9610

ABATE of Florida, Inc.

At large 1 Year
Membership
\$22.00

Membership Verified By: _____ Date paid: _____

Do Not Mail Cash

*All payments made by credit card will be charge a 2.00 processing fee



Scan to Pay

ABATE of Florida, Inc has partnered with American Income Life to provide all members with a \$4000.00 AD&D Policy

Please fill out your Beneficiary 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: _____ as of this date _____ my Beneficiary is Listed Below

Beneficiary Information

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

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

Phone: _____ Email: _____ Relationship: _____ **Membership 2022**