

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. : _____

Everone must fill out a applications New Members Renew Transfer Name Changes

Membership Options Annual New Member \$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

Membership Use Paid By Cash: _____ Check: _____ Paypal: _____ Square: _____

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: _____

Beneficiary Information

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

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

Phone: _____ Email: _____