

HEY, I'VE MOVED!

Please mail your new address to:

Brothers of Grundy
P.O. Box 671
Morris, IL 60450

Name _____
New Address _____
City _____
State _____ Zip _____
Phone () _____
Membership # _____

TEMPORARY RECEIPT - A.B.A.T.E. of ILLINOIS MEMBERSHIP

Tear Along Dotted Line
Please allow 4-6 weeks for processing applications

Name (s) _____

Amount Paid _____ Date Paid _____ Application taken by: _____

A.B.A.T.E. of ILLINOIS MEMBERSHIP APPLICATION

New Member (1) _____ (2) _____ Renewal (1) _____ (2) _____ Card # (1) _____ (2) _____ Date _____

Original Date Joined (if renewal) (1) _____ (2) _____ Chapter Preference _____ Brothers of Grundy _____

Name (1) _____ (2) _____

Address _____

City _____ State _____ Zip _____

Phone () _____ County _____ Registered Voter (1) _____ (2) _____

Congressional District _____ Senatorial District _____ Representative District _____

Date of Birth (1) _____ (2) _____ Occupation (1) _____ (2) _____

Completed an MSF Course (1) _____ (2) _____ Where did you hear about A.B.A.T.E. _____

Amount \$ _____ O Check enclosed. Charge to: O Visa O Mastercard O Discover Exp. Date: _____

(Credit Card Registration can be faxed to A.B.A.T.E. @ 309-343-6387)

MEMBERSHIP & RENEWAL FEE	<input type="checkbox"/> \$25.00 PER YEAR SINGLE	<input type="checkbox"/> \$45.00 PER YEAR COUPLE
<i>MONEY SAVER SPECIAL</i>	<input type="checkbox"/> \$100.00 - 5 YEAR/SINGLE	<input type="checkbox"/> \$180 - 5 YEAR/COUPLE
<i>ABATE-PAC SUPPORT</i>	<input type="checkbox"/> Add \$1.00 per year to above dues amount to support legislative contributions.	

\$2.00 of each member's dues is allocated to lobbying expenses and \$1.00 is donated to the Motorcycle Riders Foundation (MRF)

MAKE CHECK PAYABLE TO: BROTHERS OF GRUNDY P.O. BOX 671 MORRIS, ILLINOIS 60450

X MUST BE 18 TO JOIN X

Phone (815) 634-4474

I understand that ABATE of Illinois cannot assume responsibility for my safety and that if I participate in any sanctioned event, I do so voluntarily, assuming all risk: I release and hold ABATE harmless for any injury or loss of my personal property which may result therefrom. I understand this means that I agree not to sue ABATE for any injury resulting to myself or my property at any event. I agree to comply with the bylaws and act in the best interest of ABATE of Illinois. A copy of the ABATE-PAC report is or will be filed with the State Board of Elections, Springfield, Illinois.

Signature (s) _____