

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

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

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

Name (1) _____ (2) _____

Address _____ City _____

State _____ Zip _____ Phone (_____) _____ County _____

E-Mail Address: (1) _____ (2) _____

Congressional District _____ Senatorial District _____ Representative District _____ Registered Voter (1) _____ (2) _____

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

Completed a MSF Course (1) _____ (2) _____ Where did you hear about ABATE? _____

I understand that A.B.A.T.E. 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 A.B.A.T.E. harmless for any injury or loss to my personal property which may result there from. I understand this means that I agree not to sue A.B.A.T.E. 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 A.B.A.T.E. of Illinois. A copy of ABATE-PAC's report is or will be filed with the State Board of Elections, Springfield, IL

Signature(s) _____

MEMBERSHIP RENEWAL FEES:	\$25.00 PER YEAR SINGLE	\$45.00 PER YEAR COUPLE
• MONEYSAVER SPECIAL:	\$100.00 – 5 YEARS / SINGLE	\$180.00 – 5 YEARS / COUPLE
• ABATE-PAC SUPPORT:	Add \$1.00 per year to above dues amount to support legislative contributions.	

••• **\$2.00 of each member's dues is allocated to lobbying expense** •••

Amount \$ _____	Check enclosed.	Charge to:	Visa	Mastercard	Discover
Credit Card No. _____	Exp. Date: _____	Signature _____			

MAKE CHECK PAYABLE & MAIL TO: DuKane Chapter A.B.A.T.E. of Illinois • P.O. Box 188 • West Chicago, IL 60186
• MUST BE 18 TO JOIN • (309) 343 – 6588 • 800 – 87 – ABATE • FAX (309) 343 - 6387