



* Click in the first field then use the "TAB" key to switch fields. Type the correct information in the applicable fields.
 * If you do not know any portion of this application, leave it blank.
 * Print the completed document, sign it, then insert a check or money order for the proper amount and mail it to the address below.

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 _____ **Black Diamond** _____

Name (1) _____ (2) _____


Address _____


City _____ State _____ Zip _____

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

 Congressional District _____ Senatorial District _____ Representative District _____ Blood Type (1) _____ (2) _____

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

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


 MEMBERSHIP & RENEWAL FEE \$25.00 PER YEAR SINGLE \$45.00 PER YEAR COUPLE

MONEY SAVER SPECIAL \$100.00 – 5 YEAR SINGLE \$180.00 5 – YEAR COUPLE

ABATE-PAC SUPPORT Add \$1.00 per year to above dues amount to support legislative contributions.


MAKE CHECK PAYABLE AND MAIL TO: BLACK DIAMOND * P.O. BOX 46 * CARLINVILLE, ILLINOIS 62626
 * **MUST BE 18 TO JOIN*** **309-343-6588** **800-87-ABATE** **FAX 309-343-6387**

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's report is or will be filed with the State Board of Elections, Springfield, Illinois.

 Signature (s) _____

 Tear along dotted Line Please allow 4-6 weeks for processing

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

 Name (s) _____

Amount Paid _____ Date Paid _____ Application taken by: _____