

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 _____

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? _____

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

Card No. _____ Signature _____

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

MEMBERSHIP & RENEWAL FEES: _____ \$25.00 PER YEAR SINGLE _____ \$45.00 PER YEAR COUPLE
MONEY SAVER 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. of each members dues is allocated to lobbying expense.

MAKE CHECK PAYABLE TO: A.B.A.T.E. of ILLINOIS, inc. and MAIL TO: PIASA-GATEWAY Chapter, P.O. Box 363, East Alton, IL 62024

Or to: A.B.A.T.E. of ILLINOIS · 311 E. Main, Ste. 418 · Galesburg IL 61401 Phone: 309-343-6588 · 800-87-ABATE · FAX 309-343-6387

MUST BE 18 TO JOIN. Website: ABATE-IL.ORG Chapter Website: ABATE-IL.ORG/PIASA

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 therefrom. 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) _____

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TEMPORARY RECEIPT - A.B.A.T.E. of ILLINOIS MEMBERSHIP
(Tear along dotted line.)

Name (5) _____

Amount paid _____ Date paid _____ Application taken by: _____
(This is your receipt until you receive your membership card.)