

A.B.A.T.E. of ILLINOIS MEMBERSHIP APPLICATION
(Print, complete and mail to address below)

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

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

Name (1) _____ (2) _____

Address _____ City _____ State _____

Zip _____ Phone (_____) _____ County _____

Email Address (1) _____ (2) _____

Congressional Dist _____ Senatorial Dist _____ Representative Dist _____ Registered Voter? (1) _____ (2) _____

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

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

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 to my personal property which may result there from. 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 ABATE-PAC's report is or will be filed with the State Board of Elections, Springfield, Illinois.

Signature (s) _____

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 lobby expenses.

Amount \$ _____ Check enclosed. Charge to: Mastercard Visa Discover
Credit Card # _____ Exp. Date _____ Signature _____
(Credit Card Registration can be faxed to A.B.A.T.E. of Illinois at (309) 343-6387)

MAKE CHECK PAYABLE & MAIL TO: ABATE of ILLINOIS - South Suburban Chapter
PO Box 142 - Tinley Park, Illinois 60477 MUST BE 18 TO JOIN

TEMPORARY RECEIPT - ABATE of ILLINOIS MEMBERSHIP

Cut or tear along dotted line Please allow 4 - 6 weeks for processing. This is your receipt until you receive your membership card.

Name(s) _____

Amount Paid \$ _____ Date Paid _____ Application taken by: _____