



ABATE OF FLORIDA, INC.
MEMBERSHIP APPLICATION
HILLSBOROUGH COUNTY CHAPTER
P.O. Box 16297
Tampa, FL 33687-6297



NAME (Please Print Legibly): _____

MAILING ADDRESS: _____

(City)

(State)

(Zip Code + Four)

PHONE NUMBER () _____ CELL () _____

PLEASE CIRCLE PREFERRED PHONE NUMBER

MAY WE USE YOUR PHONE NUMBER FOR OUR PHONE TREE? YES NO

EMAIL ADDRESS _____

Your e-mail address will be added to the Chapter Mailing List to send you information.

ARE YOU A REGISTERED VOTER? YES NO (Please circle one)

PLEASE LIST YOUR VOTING DISTRICTS FROM YOUR REGISTRATION CARD:

_____ FL HOUSE _____ FL SENATE _____ US CONGRESS DISTRICT

NAME OF CHAPTER YOU WISH TO JOIN: _____

CHECK ONE BOX BELOW THAT APPLIES TO YOU: INFORMATION CHANGE ONLY

NEW INDIVIDUAL ANNUAL MEMBERSHIP (\$20)

RENEWAL OF CURRENT INDIVIDUAL MEMBERSHIP (\$20)

INDIVIDUAL LIFE MEMBERSHIP (\$150)

TRANSFER INDIVIDUAL MEMBERSHIP FROM/TO: _____

Signature: _____ Date _____

All members receive with their paid membership a membership card, our bi-monthly Masterlink
State Newsletter, Chapter Newsletter, Chapter voting privileges and personal involvement in
Statewide legislative actions and their freedom to ride!

FOR ABATE OFFICE USE: NAME OF MEMBER ACCEPTING APPLICATION _____

MEMBERSHIP DUES PAID BY: CASH CHECK MONEY ORDER (Circle One)

MAILED DATE/HANDED OUT: _____ MEMBERSHIP CARD COPY OF BY-LAWS
 WELCOME LETTER MTG MAP JOIN DATE _____ EXPIRE DATE _____

MEMBERSHIP TRUSTEE SIGNATURE: _____ PROCESSING DATE: _____

ALL MEMBERSHIPS ARE SUBJECT TO CORPORATION APPROVAL