



**ABATE of Florida Inc.
West Coast Chapter
Membership Application
P.O. Box 50937
Sarasota, FL 34232-0307
Membership@WestCoast.ABATEFlorida.com**



NAME (Please Print Legibly): _____

MAILING ADDRESS: _____

(City)

(State)

(Zip Code + Four)

PHONE NUMBER () _____ (Include Area Code)

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

EMAIL ADDRESS _____

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:

NEW ANNUAL MEMBERSHIP (\$30)

RENEWAL OF CURRENT MEMBERSHIP (\$30)

LIFE MEMBERSHIP (\$600)

TRANSFER MEMBERSHIP TO: _____

Signature: _____ Date _____

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

ALL APPLICATIONS ARE SUBJECT TO APPROVAL.

FOR ABATE OFFICE USE: _____ CHAPTER MEMBER

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

MAILED DATE: _____ MEMBERSHIP CARD _____ COPY OF BY-LAWS

MEMBERSHIP EXPIRATION DATE: _____