

## 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: (1) \_\_\_\_\_ (2) \_\_\_\_\_

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? \_\_\_\_\_

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 there from. 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) \_\_\_\_\_

MEMBERSHIP RENEWAL FEES:	\$25.00 PER YEAR SINGLE	\$45.00 PER YEAR COUPLE
• MONEYSAVER 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.	

... \$2.00 of each member's dues is allocated to lobbying expense ...

Amount \$ _____	Check enclosed.	Charge to: _____	Visa                      Mastercard                      Discover
Credit Card No. _____	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: \_\_\_\_\_