

ABATE of Florida, Inc.
ALACHUA CHAPTER
P.O. Box 141854
Gainesville, FL 32614-1854

Membership Application
Please Print Legibly

NAME: _____

ADDRESS: _____

CITY, ST, ZIP-9: _____

PHONE: ____ (____) _____

EMAIL ADDRESS: _____

ARE YOU A REGISTERED VOTER? YES NO

LIST YOUR VOTING DISTRICTS (listed on your voter registration card)

_____ FL HOUSE _____ FL SENATE _____ US CONGRESS

CHECK ONE THAT APPLIES:

_____ NEW APP (\$20) _____ RENEWAL (\$20) _____ LIFETIME (\$150)

SIGNATURE: _____ DATE: _____

All active members receive a membership card, the bi-monthly State publication "Masterlink", the Chapter Newsletter, chapter voting privileges, and direct involvement in statewide legislative actions and freedom to ride.

Chapter Use:

Paid Amount \$ _____ _____ Cash _____ Check _____ M/O

Mail Date: _____ _____ M Card _____ M Packet

Membership Expires: _____