

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 R iver Valley
 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:	<input type="checkbox"/> \$25.00 PER YEAR SINGLE	<input type="checkbox"/> \$45.00 PER YEAR COUPLE
MONEY SAVER SPECIAL:	<input type="checkbox"/> \$100.00 - 5 YEARS/SINGLE	<input type="checkbox"/> \$180.00 - 5 YEARS/COUPLE
ABATE-PAC SUPPORT:	<input type="checkbox"/> Add \$1.00 per year to above dues amount to support legislative contributions.	

\$2 of each members dues is allocated to lobby expenses.

Amount \$ _____	<input type="checkbox"/> Check enclosed	Charge to:	<input type="checkbox"/> Mastercard	<input type="checkbox"/> Visa	<input type="checkbox"/> 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 – River Valley Chapter
 PO Box 282 - Kankakee, Illinois 60901 **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: _____