

TEMPORARY RECEIPT - A.B.A.T.E. of ILLINOIS MEMBERSHIP

(Tear along dotted line.)

Please allow 4-6 weeks for processing Applications

Name (s) _____

Amount paid _____ Date paid _____ Application taken by: _____

(This is your receipt until you receive your membership card.)

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 _____ Will County Chapter _____

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 therefrom. 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. of each members 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. @ 309-343-6387)

MAKE CHECK PAYABLE & MAIL TO: Will County ABATE • P.O. Box 928 • Plainfield IL 60544-9998

• MUST BE 18 TO JOIN

Questions? Call Helen, Will Co Membership Coordinator 815-723-6839