



**ABATE of Florida, Inc  
Polk County Chapter  
PO Box 2743  
Lakeland, FL 33806**



NAME (Please Print Legibly) \_\_\_\_\_

MAILING ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIPCODE+4 \_\_\_\_\_

PHONE NUMBER \_\_\_\_\_ (Please Include Area Code)

EMAIL ADDRESS \_\_\_\_\_

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

ARE YOU A REGISTERED VOTER YES  NO

PLEASE LIST YOUR VOTING DISTRICTS FROM YOUR REGISTRATION CARD

\_\_\_\_\_ FL HOUSE \_\_\_\_\_ FL SENATE \_\_\_\_\_ US CONGRESS

NAME OF CHAPTER YOU WISH TO JOIN \_\_\_\_\_

If you are a member of more than one chapter, please designate your home chapter \_\_\_\_\_

CHECK ONE BOX THAT APPLIES TO YOU:

- NEW ANNUAL MEMBERSHIP (\$20)
- RENEWAL OF CURRENT MEMBERSHIP (\$20)
- LIFE MEMBERSHIP (\$600)
- TRANSFER MEMBERSHIP TO:

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

All members receive with their paid membership, a membership card, our electronic bi-monthly Masterlink magazine, a chapter newsletter (electronic or hard copy), chapter voting privileges, a \$4000.00 Accidental Death or Dismemberment policy and personal involvement in statewide motorcycle safety and legislative concerns 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  CC

MAILED DATE \_\_\_\_\_ MEMBERSHIP CARD \_\_\_\_\_ COPY OF BYLAWS \_\_\_\_\_

MEMBER EXPIRATION DATE \_\_\_\_\_