

ABATE of Florida, Inc.
Treasure Coast Chapter
P. O. Box 1360
Roseland, FL 32957-1360

Date: _____

Name (please print legibly): _____ Membership Number _____

Mailing Address: _____

City: _____ State: _____ Zip Code: _____ + _____

Phone Number (include Area Code): _____

Are you a registered voter? Yes No

Please list your voting districts from your **Voter Registration Card**:

_____ FL House _____ FL Senate _____ US Congress

E-Mail Address: _____ for weekly updates

**IF YOU WISH TO RECEIVE THE NEWSLETTER BY MAIL (not email) ONLY PLEASE
CHECK _____ YES AND SIGN HERE**

If member of more than one Chapter, please declare your home Chapter - _____

Check the box that applies to you:

- New Annual Membership (\$20)
- Life Membership (\$150)
- Transfer Membership from _____ Chapter (attach membership card)
- Change of Address
- Renewal Prime Member (\$20)

All members receive with their paid membership a membership card, our monthly newsletter, the State ABATE bi-monthly Masterlink magazine, chapter voting privileges, and personal involvement in statewide legislative actions and their freedom to ride!

SIGNATURE-----

ABATE Office Use Only

Dues paid by Cash Check # _____ Money Order Amount \$ _____

CHANGE OF INFORMATION FORM

OLD INFORMATION:

NEW INFORMATION:

Name _____
Address _____
City _____ St _____ Zip _____
Phone: _____ Email _____

Name _____
Address _____
City _____ St _____ Zip _____
Phone: _____ Email _____

I WISH TO RECEIVE MY NEWSLETTER BY MAIL AND NOT ELECTRONICALLY:

_____ **YES** _____ **NO**

SIGNATURE _____