

ABATE of Indiana APPLICATION RECEIPT*

(Retained by applicant)

Name: _____

Date : _____

Amount: \$ _____

Received by (please print):

Name: _____

ABATE ID#: _____

Phone: _____

**This receipt does not serve as proof of membership to ABATE of Indiana.*



ABATE of Indiana Membership Application



Is this a NEW or RENEWED (within the last 6 years) membership? New Renew

NAME		2ND NAME (COUPLES)			
ADDRESS			E-MAIL ADDRESS		
CITY		STATE		ZIP	
PHONE	COUNTY		REGION # <small>(if known)</small>	DATE OF BIRTH	
SIGNED UP BY			<input type="checkbox"/> RECRUITER PATCH <input type="checkbox"/> ROCKER		
MEMBERSHIP FEE* (TYPE OF MEMBERSHIP):					
<input type="checkbox"/> SINGLE - \$25.00 person (1 year)		<input type="checkbox"/> SINGLE (outside the US) - \$50.00 person (1 year)			
<input type="checkbox"/> COUPLE - \$45.00 couple (1 year)		<input type="checkbox"/> COUPLE (outside the US) - \$70.00 couple (1 year)			
<p><i>*All members receive, with their paid membership, a monthly "Hoosier Motorcyclist" newsmagazine, an ABATE patch for their first year and year pins thereafter, event updates, voting privileges, one FREE classified ad per month in the magazine, ABATE Legal Service program and a personal involvement in your freedom to ride in Indiana.</i></p>					

MAIL FORM WITH CHECK OR MONEY ORDER (PAYABLE TO ABATE OF INDIANA) TO:

ABATE of Indiana, P.O. Box 665, Bargersville, Indiana 46106 • 800-23-ABATE • 317-422-8040 • Fax 317-422-8373 • E-mail abate@abateonline.org