

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 RENEWAL membership (within the last 6 years)? New Renew

Name (both names if couple)		
Address		
City	State	Zip
Phone	E-Mail Address	
County	Region # (if known)	
Membership fee and type of membership (please check one)*:		
<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)	
<small>*All members receive, with their paid membership, a subscription to "Hoosier Motorcyclist" magazine, 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, insurance discounts, Accidental Death and Dismemberment policy and a personal involvement in your freedom to ride in Indiana.</small>		
Signed up by (name, ID#, phone)		<input type="checkbox"/> RECRUITER PATCH <input type="checkbox"/> ROCKER

Mail this form with check or money order (payable to ABATE of Indiana) to:
ABATE of Indiana, P.O. Box 665, Bargersville, IN 46106 | 800-23-ABATE | 317-422-8040 | abate@abateonline.org