

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 membership or are you renewing? New Renew

NAME		SECOND NAME (couples)	
STREET ADDRESS		EMAIL ADDRESS	
CITY	STATE	ZIP	
PHONE	DATE-OF-BIRTH	COUNTY	REGION # (if known)
SIGNED UP BY	ID#	<input type="checkbox"/> RECRUITER PATCH	<input type="checkbox"/> ROCKER

Membership Fee* (please check appropriate box below)

- | | | | |
|---|--|--|--|
| <input type="checkbox"/> Single (1-year) \$25 | <input type="checkbox"/> Single (3-year) \$70 | <input type="checkbox"/> Single (5-year) \$100 | <input type="checkbox"/> Single (1-year outside U.S.) \$50 |
| <input type="checkbox"/> Couple (1-year) \$45 | <input type="checkbox"/> Couple (3-year) \$125 | <input type="checkbox"/> Couple (5-year) \$180 | <input type="checkbox"/> Couple (1-year outside U.S.) \$70 |

**All members receive, with their paid membership, a monthly "Hoosier Motorcyclist" magazine, an ABATE membership patch for first year and year pins thereafter, event updates, voting privileges, one FREE classified ad per month in the magazine, FREE ABATE Legal Services program, and a personal involvement in your freedom to ride in Indiana. Subject to change. All rights reserved.*

MAIL APPLICATION WITH CHECK OR MONEY ORDER (PAYABLE TO ABATE OF INDIANA) TO: ABATE of Indiana, P.O. Box 665, Bargersville, Indiana 46106-0665
800-23-ABATE | 317-422-8040 | 317-422-8373 fax | www.abateonline.org | abate@abateonline.org | Facebook: abateofin | Twitter: abateofindiana