## ABATE

## **ABATE of Indiana Membership Application**

Is this a new membership or are you renewing? 
□ New □ Renew

NAME			SECOND NAME (couples)			
STREET ADDRESS		1		EMAIL ADDRESS		
CITY	STATE		ZIP			
PHONE	DATE-OF-BIRTH	DATE-OF-BIRTH COUNT		REGION # (if knc		REGION # (if known)
SIGNED UP BY	ID#					
Members	ship Fee* (please c	heck app	propriate l	box below)		
8 ( ) ) )		□ Single (5-year) \$100 □ Couple (5-year) \$180				
*All members receive, with their paid membership, a monthly "Hoosier N classified ad per month in the magazine, FREE ABATE Lega	l Services program, and a pe	rsonal involver	nent in your free	edom to ride in Indiana. S	ubject to change. All right	s 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