

TEMPORARY RECEIPT - A.B.A.T.E. of ILLINOIS MEMBERSHIP

(Tear along dotted line.)

Please allow 4-6 weeks for processing Applications

Name (s) \_\_\_\_\_

Amount paid \_\_\_\_\_ Date paid \_\_\_\_\_ Application taken by: \_\_\_\_\_  
(This is your receipt until you receive your membership card.)

**A.B.A.T.E. of ILLINOIS MEMBERSHIP APPLICATION**

New Member (1) \_\_\_\_\_ (2) \_\_\_\_\_ Renewal (1) \_\_\_\_\_ (2) \_\_\_\_\_ Membership # (1) \_\_\_\_\_ (2) \_\_\_\_\_ Date \_\_\_\_\_

Original Date Joined (if renewal) (1) \_\_\_\_\_ (2) \_\_\_\_\_ Chapter Preference \_\_\_\_\_

Name (1) \_\_\_\_\_ (2) \_\_\_\_\_

Mailing Address \_\_\_\_\_ City \_\_\_\_\_

State \_\_\_\_\_ Zip \_\_\_\_\_ Phone ( \_\_\_\_\_ ) \_\_\_\_\_ County \_\_\_\_\_

E-Mail address (1) \_\_\_\_\_ (2) \_\_\_\_\_

Congressional District \_\_\_\_\_ Senatorial District \_\_\_\_\_ Representative District \_\_\_\_\_ Registered Voter (1) \_\_\_\_\_ (2) \_\_\_\_\_

Date of Birth (1) \_\_\_\_\_ (2) \_\_\_\_\_ Completed a MSF Course (1) \_\_\_\_\_ (2) \_\_\_\_\_

Where did you hear about ABATE? \_\_\_\_\_

I understand that A.B.A.T.E. of Illinois cannot assume responsibility for my safety and that if I participate in any sanctioned event, I do so voluntarily, assuming all risk; I release and hold A.B.A.T.E. harmless for any injury or loss to my personal property which may result therefrom. I understand this means that I agree not to sue A.B.A.T.E. for any injury resulting to myself or my property at any event. I agree to comply with the Bylaws and act in the best interest of A.B.A.T.E. of Illinois. A copy of ABATE-PAC's report is or will be filed with the State Board of Elections, Springfield, IL.

Signature(s) \_\_\_\_\_

\*\*\* \$2. of each members dues is allocated to lobbying expense \*\*\*

<ul style="list-style-type: none"> <li>• <b>MONEYSAVER SPECIAL:</b></li> <li>• <b>ABATE-PAC SUPPORT:</b></li> </ul>	<input type="checkbox"/> \$25.00 PER YEAR SINGLE <input type="checkbox"/> \$100.00 - 5 YEARS / SINGLE <input type="checkbox"/> Add \$1.00 per year to above dues amount to support legislative contributions.	<input type="checkbox"/> \$45.00 PER YEAR COUPLE <input type="checkbox"/> \$180.00 - 5 YEARS / COUPLE
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*A \$2 convenience fee to credit card charges*

Amount \$ _____	<input type="checkbox"/> Check enclosed.	Charge to:	<input type="checkbox"/> Visa	<input type="checkbox"/> Mastercard	<input type="checkbox"/> Discover
Credit Card No. _____	CSC _____	Exp. Date: _____	Signature _____		

**MAKE CHECK PAYABLE & MAIL TO:**  
• **MUST BE 18 TO JOIN** •

**A.B.A.T.E. of ILLINOIS • PO Box 526 • Avon, IL 61415-0526**  
**309-343-6588 (call or text) • 800-87-ABATE**