



ABATE of California
APPLICATION FOR MEMBERSHIP

MEMBERSHIP INFORMATION:

NAME: _____

NAME #2: _____
(FOR THE "COUPLES" OR "BUSINESS" MEMBERSHIP ONLY)

ADDRESS: _____

ADDRESS #2: _____

CITY, STATE, ZIP CODE: _____

PHONE: _____

FAX: _____

EMAIL: _____

NEW MEMBER?: YES / NO

ABATE MEMBERSHIP #: _____

EXPIRATION DATE: ____/____/____

ABATE LOCAL #: _____

HAVE YOU RECEIVED YOUR PATCH/RENEWAL PIN?

YES / NO

MEMBERSHIP TYPE:

- SINGLE (ONE YEAR) \$30.⁰⁰
- SINGLE (LIFE MEMBERSHIP) \$450.⁰⁰
- COUPLE (ONE YEAR) \$50.⁰⁰
- COUPLE (LIFE MEMBERSHIP) \$650.⁰⁰
- GOLD BUSINESS \$125.⁰⁰
- GOLD BUSINESS (WITH COLOR ADS) \$200.⁰⁰

DONATIONS TO ABATE OF CALIFORNIA:

- I WOULD LIKE TO DONATE \$_____ TO THE ABATE GENERAL FUND
- I WOULD LIKE TO DONATE \$_____ TO THE ABATE POLITICAL ACTION COMMITTEE (PAC) FUND
- I WOULD LIKE TO DONATE \$_____ TO THE ABATE LOBBYIST FUND

PAYMENT OPTIONS:

- I WILL BE ENCLOSING A CHECK OR MONEY ORDER FOR THE AMOUNT DUE
- I WOULD LIKE TO PAY WITH A CREDIT CARD:
 - CARD TYPE: MASTERCARD / VISA
 - CARD NUMBER: _____
 - NAME ON CARD: _____
 - EXP. DATE: ____/____
 - SIGNATURE: _____

PLEASE SEND TO: ABATE OF CALIFORNIA
10240 7TH AVE
HESPERIA, CA 92345-2631
TEL: (760) 956-1669
FAX: (760) 956-6519