



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 #: _____

New Members receive a Membership Patch,
Renewing Members receive their applicable Year Pin,
included with your Membership card.

Select MEMBERSHIP TYPE:

- | | |
|--|----------|
| <input type="checkbox"/> SINGLE
(ONE YEAR) | \$40.00 |
| <input type="checkbox"/> SINGLE
(LIFE MEMBERSHIP) | \$450.00 |
| <input type="checkbox"/> COUPLE
(ONE YEAR) | \$60.00 |
| <input type="checkbox"/> COUPLE
(LIFE MEMBERSHIP) | \$650.00 |
| <input type="checkbox"/> Sustaining
Couple or Single (1 Year) | \$100.00 |
| <input type="checkbox"/> GOLD BUSINESS | \$125.00 |
| <input type="checkbox"/> GOLD BUSINESS
(WITH COLOR ADS) | \$200.00 |
| <input type="checkbox"/> Double SIZE BUSINESS
(with color and on web site) | \$250.00 |
| <input type="checkbox"/> Life Members can receive
Sustaining Membership status and
benefits for \$50.00/year | |

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, INC
20355 Murieta Street
Apple Valley, CA 92307-9223
Phone: 760 956-1669 Fax: 760 956-6519
<http://www.abate.org>