



New Member (1) ___ (2) ___ Renewal (1) ___ (2) ___ Chapter Preference: _____

Name (1) _____ (2) _____

Address _____ City _____, IL Zip _____

Phone (1) _____ County _____ Registered Voter (1) ___ (2) ___

Email Address (1) _____ (2) _____

Date of Birth (1) _____ (2) _____ Occupation (1) _____ (2) _____

Completed and MSF Course? (1) ___ (2) ___ How did you hear about ABATE? _____

Can You?: ___ Walk In Parades ___ Campaign Help ___ Event Volunteer ___ Help w/Phone Calls

Do You Know Your Political Districts: Congressional _____ Senate _____ State _____
If not, we will find the districts for you!

AMOUNT PAID: \$ _____ () Cash () Check Charge To: () Visa () MasterCard () Discover

Expiration Date on Charge Card: _____ Charge Card # _____ CIC: _____

Signature: _____ Type of Bike (opt) _____

By Typing Your Name Here, You Have Digitally Signed This Form

**MAKE CHECKS PAYABLE TO & MAIL TO:
DuKane Chapter ABATE of Illinois ~ P.O. Box 188 ~ West Chicago, IL 60188**

MEMBERSHIP RENEWAL & FEES: () \$25.00 Single per Year () \$45.00 Couple per Year

MONEY SAVER SPECIAL: () \$100.00 Single for 5 Years () \$180.00 Couple for 5 Years

ABATE-PAC SUPPORT: () Add \$1.00 per year to dues amount to support legislative contributions.

****MUST BE 18 TO JOIN** DuKane Office: 630-669-2588 State Office: 800-47-ABATE State Fax: 309-343-6387**

I understand that ABATE of Illinois, Inc. 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 ABATE harmless for any injury or loss to my personal property which may result there from. I understand this means that I agree not to sue ABATE 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 ABATE of Illinois.

****A Copy of ABATE—PAC's Report is or will be filed with the State Board of Elections—Springfield, IL****

Signature(s) (1) _____ (2) _____

By Typing Your Name Here, You Have Digitally Signed This Form

For DuKane Office Use Only

Amount Paid: _____ Date Paid: _____ Application Approved By: _____

Date Submitted to State Office: _____