

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 WILL COUNTY A.B.A.T.E. CHAPTER

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

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) \_\_\_\_\_ Occupation (1) \_\_\_\_\_ (2) \_\_\_\_\_

Completed a MSF Course (1) \_\_\_\_\_ (2) \_\_\_\_\_ Who referred you to 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) \_\_\_\_\_

- MEMBERSHIP & RENEWAL FEES:**
- \$25.00 PER YEAR SINGLE  \$45.00 PER YEAR COUPLE
  - **MONEYSAVER SPECIAL:**  \$100.00 - 5 YEARS / SINGLE  \$180.00 - 5 YEARS / COUPLE
  - **ABATE-PAC SUPPORT:**  Add \$1.00 per year to above dues amount to support legislative contributions.

\*\*\*Beginning July 1, 2017 we are adding a \$2 convenience fee to credit card charges\*\*\*

Amount\$ \_\_\_\_\_ Check enclosed. Charge to:  Visa  Mastercard  Discover CSC \_\_\_\_\_

Credit Card No. \_\_\_\_\_ Exp. Date: \_\_\_\_\_ Signature \_\_\_\_\_

(Credit Card Registration can be faxed to A.B.A.T.E. @ 309-343-6387)

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

**MAKE CHECK PAYABLE TO/MAIL TO: WILL COUNTY A.B.A.T.E. CHAPTER, PO BOX 928 • PLAINFIELD, IL 60544-9998**  
**MUST BE 18 TO JOIN Web: [Willcoabate.org](http://Willcoabate.org), FB: Will County Chapter, ABATE of Illinois. [membership@willcoabate.org](mailto:membership@willcoabate.org)**