

**MEMBERSHIP APPLICATION
FOR NEW MEMBERS AND RENEWING MEMBERS**

Please print application, complete all information and forward with payment of dues to:

**ABATE of Iowa, Inc.,
PO Box 70,
Eldora, IA 50627
641-858-5001**

Type of Application:

- New Member
- Renew Membership
- Address Change

Type of Payment:

- Check
- Money Order
- ABATE Bucks

Type of Membership:

- Full (\$25.00/year)
- Associate (\$20.00/year)
- Life (\$300.00)
- Supporting Business (\$50.00/year)
- Supporting Organization (\$100.00/year)

*Note Dues are non-refundable and subject to change

Amount Enclosed: _____

District #: _____ Card #: _____ Phone #: _____

Name: _____

(Name is required for all members – one name only, no couple memberships.)

Supporting Business: _____

Mailing Address: _____

City, State, Zip Code: _____

Email Address: _____

Are you a registered voter? _____

Do you object to having \$2.00 of your dues donated to ABATEPAC? Yes _____ No _____

(It is illegal to deposit money in a PAC from a corporate check. Please use personal checks.)

Would you like to receive an ABATE patch? Yes _____ No _____

(New Full & Life Members Only. Does not apply to associate or supporting business memberships.)

Applicants Signature: _____

Date: _____

Recruited by ABATE of Iowa Website