

**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  
 A.B.A.T.E. Bucks

**Type of Membership:**

- Full (\$30.00/year)  
 Associate (\$25.00/year)  
 Life (\$350.00)  
 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**