



A.B.A.T.E. of Oregon, Inc.
Membership Application

New Member ____ Chapter you wish to join: _____

Additional Chapters you wish to join (\$5.00 each per year): _____

Renewal ____ Membership # _____ Chapter you belong to: _____

Additional Chapters you wish to join (\$5.00 each per year): _____

ABATE Chapters: Central Oregon (Redmond), Douglas Co. (Winchester), Hub City (Albany), Indian Creek*, Jackson Co. (Medford), Josephine Co. (Grant's Pass), Lincoln Co. (Newport), Lower Columbia (Clatskanie), North Coast (Astoria), River City (The Dalles), Southeast Portland (Gresham), Washington Co. (Forest Grove)
Note *: Indian Creek is not an actual Chapter. It is for at-large members who don't belong to a Chapter.

NAME, NAMES OF COUPLE or CLUB NAME: _____

ADDRESS: _____

CITY: _____ STATE: ____ ZIP: _____

PHONE #: (____) - ____ - ____ E-mail: _____

List additional Family members in the same household:

Names: _____

Names: _____

Membership Info & Rates

| # of Members | Type | One Year | Two Years | Three years | Five Years |
|---|------------|----------|-----------|-------------|------------|
| One | Single | \$30.00 | \$55.00 | \$80.00 | \$125.00 |
| Includes: Couples (Additional family members \$5.00 each per year.) | Family | \$45.00 | \$80.00 | \$120.00 | \$200.00 |
| Includes: Club Members * | Associate | \$100.00 | \$190.00 | \$280.00 | \$450.00 |
| One | Sustaining | \$100.00 | N/A | N/A | N/A |
| One | Life Time | \$400.00 | N/A | N/A | N/A |

* - Please list all Associate club members on the back of this form.

Type of Membership Selected: _____ How Many Years: _____

Number of Members: _____

(Make Checks Payable to: ABATE of Oregon, Inc.) Total Amount Enclosed : \$ _____

Mail to:
Membership Secretary
ABATE of Oregon, Inc.
P.O Box 4504
Portland, OR 97208