

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

Membership Application

New_____ If new - received patch_____

Renewal_____ If renewal - Membership Number:_____

NAME:_____

ADDRESS:_____

CITY:_____ STATE:_____ ZIP:_____

PHONE:_____ CHAPTER:_____

E-MAIL:_____

Additional Members In Same Household

NAME:_____ NAME:_____

NAME:_____ NAME:_____

\$20 Full Membership_____ \$25 Couple Membership_____ \$30 Family Membership_____

TOTAL AMOUNT ENCLOSED:_____ TOTAL NUMBER OF MEMBERS:_____ DATE PAID:_____

ADDITIONAL DONATION:_____

VOTING DISTRICT:

CONGRESSIONAL_____ SENATORIAL_____ REPRESENTATIVE_____

MAIL TO:

Membership Secretary
A.B.A.T.E. of Oregon, Inc.
PO Box 4504
Portland, OR 97208