

**ABATE of Florida Inc**

**Gulf Coast Chapter**

**PO Box16361**

**Pensacola FL 32507**

Chapter Membership/Renewal Application

NAME

ROAD NAME

ADDRESS

CITY

STATE

ZIP

EMAIL

PHONE #

New Member (\$20 per year) \_\_\_\_\_ Renewal (\$20 per year) \_\_\_\_\_

Life Membership (\$600) \_\_\_\_\_ Change of Information \_\_\_\_\_

Are you a registered voter? \_\_\_\_\_

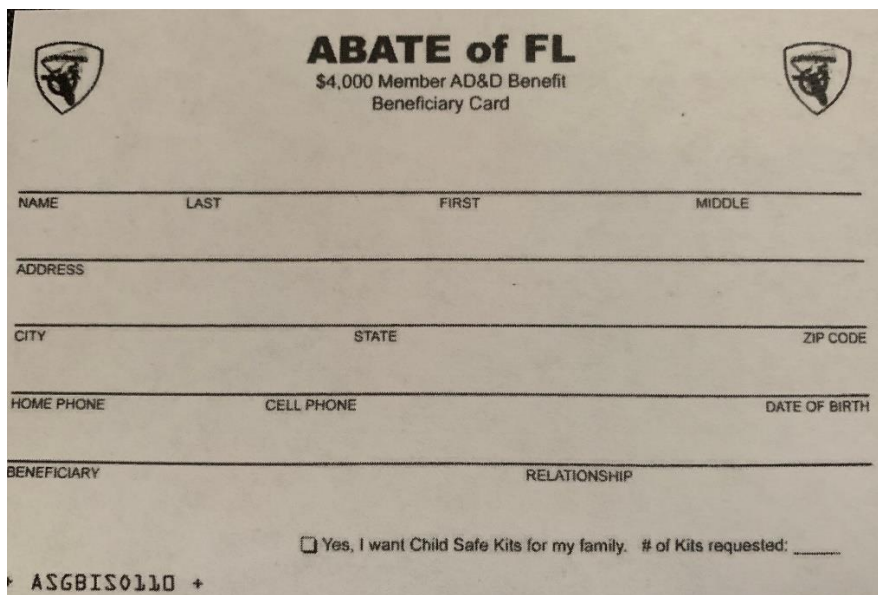
Please list your Voting Districts from your registration card.

FL House \_\_\_\_\_ FL Senate \_\_\_\_\_ U S Congress \_\_\_\_\_

Sponsored by: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

All members receive with their paid membership, a membership card, our electronic bimonthly Masterlink magazine, a chapter electronic newsletter, chapter voting privileges, a \$4000.00 Accidental Death or Dismemberment policy and personal involvement in statewide motorcycle safety and legislation concerns and their freedom to ride.



**ABATE of FL**  
\$4,000 Member AD&D Benefit  
Beneficiary Card

NAME LAST FIRST MIDDLE  
ADDRESS  
CITY STATE ZIP CODE  
HOME PHONE CELL PHONE DATE OF BIRTH  
BENEFICIARY RELATIONSHIP

Yes, I want Child Safe Kits for my family. # of Kits requested: \_\_\_\_\_

\* ASGBIS0110 \*