

## **ABATE** of Indiana Membership Application

Is this a new membership or are you renewing? ☐ New ☐ Renew

NAME			SECOND NAME (couples)				
STREET ADDRESS			1		EMAIL ADDRESS		
CITY		STATE		ZIP			
PHONE		DATE-OF-BIRTH		COUNTY			REGION # (if known)
SIGNED UP BY		ID#		1		RECRUITER PATO	CH ROCKER
	Memi	bership Fee* (please o	heck ap	oropriate	box below)		
	☐ Single (1-year) \$25 ☐ Couple (1-year) \$45	☐ Single (3-year) \$70 ☐ Couple (3-year) \$125	U	(5-year) \$100 (5-year) \$18	0 ( )	☐ Single (1-year outside U.S.) \$50 ☐ Couple (1-year outside U.S.) \$70	
	vith their paid membership, a moni ne FRFF classified ad per month in	,	,		, ,	, ,	, , , , ,

MAIL APPLICATION WITH CHECK OR MONEY ORDER (PAYABLE TO ABATE OF INDIANA) TO: ABATE of Indiana, P.O. Box 665, Bargersville, Indiana 46106-0665

800-23-ABATE | 317-422-8040 | 317-422-8373 fax | www.abateonline.org | abate@abateonline.org | Facebook: abateofin | Twitter: abateofindiana