

A.B.A.T.E. of Iowa 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. / P.O. Box 70 / Eldora, IA 50627 / (641) 858-5001

TYPE OF APPLICATION	I THE OF WIEWIDERSHIP
☐ New Member	☐ Full (\$30 / Year)
Renew Membership	Associate (\$25 / Year)
☐ Address/Information Change	☐ Life (<i>\$350</i>)
TYPE OF PAYMENT	☐ Supporting Business (\$50 / Year)
☐ Check	☐ Supporting Organization (\$100 / Year)
☐ Money Order ☐ A.B.A.T.E. Bucks	*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? Yes No	
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 the Freeway Flyer Digitally? Yes No *Does Not apply to associate members, please make sure to include your email address.	
Applicants Signature:	Date: