

# 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: \_\_\_\_\_

*Membership Rates:*

<i>type</i>	<i>1 year</i>	<i>2 years</i>	<i>3 years</i>	<i>5 years</i>
<b>Single</b>	<b>\$30</b>	<b>\$55</b>	<b>\$80</b>	<b>\$125</b>
<b>Couple</b>	<b>\$35</b>	<b>\$65</b>	<b>\$95</b>	<b>\$150</b>
<b>Family</b>	<b>\$40</b>	<b>\$75</b>	<b>\$110</b>	<b>\$175</b>
<b>Sustaining</b>	<b>\$100</b>			
<b>Lifetime</b>	<b>\$300</b>			

**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**