

**A.B.A.T.E. OF PENNSYLVANIA  
PO BOX 15226  
HARRISBURG, PA 17105-5226  
717-234-3777**

Application to Obtain a Probationary Chapter Charter

**MEETING LOCATION**

Location's Name \_\_\_\_\_

Address \_\_\_\_\_  
\_\_\_\_\_

Phone \_\_\_\_\_

Proposed Chapter Name \_\_\_\_\_  
\_\_\_\_\_

**CHAPTER EXECUTIVE BOARD**

President

Name \_\_\_\_\_

Address \_\_\_\_\_  
\_\_\_\_\_

Phone \_\_\_\_\_

Email \_\_\_\_\_  
\_\_\_\_\_

Vice President

Name \_\_\_\_\_

Address \_\_\_\_\_  
\_\_\_\_\_

Phone \_\_\_\_\_

Email \_\_\_\_\_  
\_\_\_\_\_

Secretary

Name \_\_\_\_\_

Address \_\_\_\_\_  
\_\_\_\_\_

Phone \_\_\_\_\_

Email \_\_\_\_\_  
\_\_\_\_\_

Treasurer

Name \_\_\_\_\_

Address \_\_\_\_\_  
\_\_\_\_\_

Phone \_\_\_\_\_

Email \_\_\_\_\_  
\_\_\_\_\_

Legislative Coordinator

Name \_\_\_\_\_

Address \_\_\_\_\_  
\_\_\_\_\_

Phone \_\_\_\_\_

Email \_\_\_\_\_  
\_\_\_\_\_

Name(s) of nearest **(within region, county, district or 20 miles)**  
existing A.B.A.T.E. of PA chapter(s) and sanction by chapter president(s).  
**[If no chapter exists within, say, 45 miles, please ignore.**  
**Ask your district representative for advise]**

Chapter Name

\_\_\_\_\_  
Chapter President

\_\_\_\_\_  
(print name)

\_\_\_\_\_  
SIGNATURE

Chapter Name

\_\_\_\_\_  
Chapter President

\_\_\_\_\_  
(print name)

\_\_\_\_\_  
SIGNATURE

Chapter Name

\_\_\_\_\_  
Chapter President

\_\_\_\_\_  
  
\_\_\_\_\_

Chapter Name

\_\_\_\_\_  
Chapter President

\_\_\_\_\_  
(print name)

\_\_\_\_\_  
SIGNATURE

By signing below, I acknowledge that I am representing a group of A.B.A.T.E. of PA members who wish to form an ABATE chapter in \_\_\_\_\_ County, and that I am familiar with the proper procedures of administrating an ABATE chapter, the Corporate Operating Procedures (COPs) and the minimum requirements necessary to maintain a chapter.

Further, I agree to uphold my organization and its officers, abide by the COPs, and maintain my conduct as a member of A.B.A.T.E. of PA so as not to create bad will, negative publicity or trouble for the organization.

\_\_\_\_\_  
(print name)

\_\_\_\_\_  
SIGNATURE

**Other Officers and Members:**

1	Name _____	Phone _____
	Address _____	Email _____
	_____	Position _____
2	Name _____	Phone _____
	Address _____	Email _____
	_____	Position _____
3	Name _____	Phone _____
	Address _____	Email _____
	_____	Position _____
4	Name _____	Phone _____
	Address _____	Email _____
	_____	Position _____
5	Name _____	Phone _____
	Address _____	Email _____
	_____	Position _____
6	Name _____	Phone _____
	Address _____	Email _____
	_____	Position _____
7	Name _____	Phone _____
	Address _____	Email _____
	_____	Position _____
8	Name _____	Phone _____
	Address _____	Email _____
	_____	Position _____
9	Name _____	Phone _____
	Address _____	Email _____
	_____	Position _____
10	Name _____	Phone _____
	Address _____	Email _____
	_____	Position _____
11	Name _____	Phone _____
	Address _____	Email _____
	_____	Position _____
12	Name _____	Phone _____
	Address _____	Email _____
	_____	Position _____
13	Name _____	Phone _____

Address

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Email

Position

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