A.B.A.T.E. of PA Registration Form

PLATINUM/GOLD STAR SUPPORTER

www.ABATEPA.org

OFFICIAL USE ONLY
Date Received: ___/___/___

A.B.A.T.E. of PA is an alliance of bikers dedicated to protecting the individual rights of motorcyclists through political change, charitable works and public education.

Platinum Star Supporter *$400*

- Business card ad in 12 monthly issues of *Between the Lines* (Please supply a clean business card.)
- Platinum Star Certificate
- Two - 1 year memberships in A.B.A.T.E. of PA

Gold Star Supporter *$150*

- Business listing (name, address, phone PLUS 60 spaces) in 12 monthly issues of *Between the Lines* .
- Gold Star Certificate
- One - 1 year membership in A.B.A.T.E. of PA

Business Information

(please type. Use TAB key to advance to next field)

Full Name: _____

Address: _____

City: _____ State: _____ Zip: _____ Chapter: _____

Phone: _____ Email: _____

PLATINUM STAR SUPPORTERS: Skip this section (please provide a clean business card)

Listing Info:
(ONE Character per block,
60 Character Limit,
Use TAB key to advance)

GOLD STAR Only!

Membership Information

*Platinum; Second Member included, **Add $15** if adding member as Couple. Gold; **Add $15** if adding member as Couple.*

Full Name: _____ 2nd Full Name, if couple: _____

Address: _____ City: _____ State: _____ Zip: _____

Chapter (if known): _____ Email: _____

Phone: _____ (Select One) E-Newsletter: ____ Paper Newsletter: ____

Motorcycle Owner? ____ Yes ____ No Registered Voter? ____ Yes ____ No Motorcycle Owner? ____ Yes ____ No Registered Voter? ____ Yes ____ No

2nd Membership Information

*Platinum; Second Member included. **Add $15** if adding member as Couple.*

Full Name: _____ 2nd Full Name, if couple: _____

Address: _____ City: _____ State: _____ Zip: _____

Chapter (if known): _____ Email: _____

Phone: _____ (Select One) E-Newsletter: ____ Paper Newsletter: ____

Motorcycle Owner? ____ Yes ____ No Registered Voter? ____ Yes ____ No Motorcycle Owner? ____ Yes ____ No Registered Voter? ____ Yes ____ No

Payment Information

Make checks payable to: ***A.B.A.T.E. of PA***

RETURN COMPLETED FORM TO CHAPTER MEMBERSHIP OFFICER or

MAIL TO: **A.B.A.T.E. of PA**
PO Box 619
Shippensburg, PA 17257

NOTE: *Platinum Star Supporters Please include a clean business card.*

Credit Card	Platinum Star Supporter	Gold Star Supporter
____ Mastercard	____ $400 w/ 2 Single Memberships	____ $150 w/ Single Membership
____ Visa	____ $415 w/ Couple Membership	____ $165 w/ Couple membership
	____ $430 w/ 2nd Couple Membership	

Card Number: _____ **Exp. Date:** _____

Name on Card: _____ **3 Digit CC:** _____

A.B.A.T.E. Recruiter

Name: _____ **Date:** _____ **Questions? 717-731-8955**

Recruiter Comments: _____

_____

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