

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>
Single	\$30	\$55	\$80	\$125
Couple	\$35	\$65	\$95	\$150
Family	\$40	\$75	\$110	\$175
Sustaining	\$100			
Lifetime	\$300			

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