APPLICATION FOR MEMBERSHIP

SEND TO: ABATE OF KS, INC.; PO BOX 102; PERRY, KS 66073
MEMBERSHIP FEE: INDIVIDUAL - $25 OR LIFE - $500

PLEASE PRINT CLEARLY

DATE_____ RENEW ☐ NEW ☐ LIFE ☐ ADDRESS CHANGE ☐

CARD #_____ DISTRICT_____

FULL NAME_____

ADDRESS_____

CITY_____ STATE_____ ZIP_____

PHONE (AREA CODE)_____ NICKNAME_____

ARE YOU A REGISTERED VOTER? YES ☐ NO ☐ COUNTY_____

SIGNED UP BY ABATE MEMBER_____

EMAIL ADDRESS_____

MEMBERSHIP FEES ARE NOT TAX DEDUCTIABLE

RECEIPT

ABATE OF KANSAS, INC
PO BOX 102
PERRY KS 66073
610 ELM
785-597-5140

DATE_____

RECEIVED FROM (PRINT FULL NAME):

_____

FOR: LIFE MEMBERSHIP OR
1 YR MEMBERSHIP EXPIRING:

_____ 20__

$_____.00 DISTRICT_____

TAKEN BY ABATE MEMBER:

_____
(PRINT FULL NAME PLEASE)

PLEASE KEEP THIS RECEIPT