

ABATE OF NEW YORK, INC. BUFFALO/ERIE CHAPTER  
MEMBERSHIP APPLICATION  
P.O. BOX 286, West Seneca, NEW YORK 14224-3169

ABATE OF NEW YORK,  
INC.  
MEMBER'S RECEIPT

\_\_\_\_\_ Full Member \$25.00 per year\* \_\_\_\_\_ Member At Large \$25.00 per year\*

\*Membership includes membership packet, newsletter, and all benefits in accordance with State by-laws

\_\_\_\_\_ Associate Member \$20.00 per year (no newsletter, available only to additional members within a Full Member's household)

Name: \_\_\_\_\_ DOB \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

Address: \_\_\_\_\_ E-Mail \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip \_\_\_\_\_

County: \_\_\_\_\_ Phone: ( \_\_\_\_\_ ) \_\_\_\_\_

I agree to comply with ABATE of New York's by-laws, and promote motorcycle education, legislation, and activities in accordance with ABATE of New York, Inc.

Date: \_\_\_\_\_ Applicants Signature \_\_\_\_\_

Method of Payment :  Check  Credit Card  MasterCard  Visa



Signature Authorizing to Charge \_\_\_\_\_

New \_\_\_\_\_ Renew \_\_\_\_\_ Patch Due \_\_\_\_\_ Pin Due \_\_\_\_\_ Year \_\_\_\_\_ Member # \_\_\_\_\_

New Member Signed By \_\_\_\_\_

ADDITIONAL DONATION FOR LEGISLATIVE PURPOSES \$ \_\_\_\_\_

Date: \_\_\_\_\_

Received From # \_\_\_\_\_  
Assigned Number

Name: \_\_\_\_\_  
Applicants Name

1 year Membership  
to \_\_\_\_\_

\_\_\_\_\_ \$25.00 Full Member  
\_\_\_\_\_ \$20.00 Associate Member  
\_\_\_\_\_ \$25.00 Member at Large

Chapter: \_\_\_\_\_

Accepted By #: \_\_\_\_\_

Name: \_\_\_\_\_

Please retain this receipt as proof of application and payment. May be used as temporary proof of membership until membership packet and permanent card is received