

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