



**Texas ABATE Confederation Inc.
Membership Renewal Application**

Membership Level (select one) **Single \$25/year** **Couple \$40/year**
 Individual Life Membership \$300 (per person)

Renewal? **Yes** **No**

Please provide the following:

Membership number _____ **Membership expires (mm/yyyy)** _____

Membership years (how long have you been a member) _____

Name 1 _____

Name 2 _____

Address _____

City State ZIP _____

Phone(s) _____

Email Address _____

Sponsor (optional) _____

Motorcycle Owner?: **Yes** **No**

Registered Texas Voter?: **Yes** **No**

Chapter Preference: **Arlington** **Heart of Texas** **Lake Cities**

Texoma **Independent Member**

Please fill in the form and mail with payment (check or money order) to:

Texas ABATE Membership, P. O. Box 416, Lake Dallas, TX 75065

If you are interested in starting a chapter, please contact: membership@texasabate.com