

## A.B.A.T.E. of Oregon, Inc. Membership Application

New Member	Chapter you	ı wish to ioin:			
	rs you wish to join (				
	Membership # _ rs you wish to join (s				
Josephine Co. (Gr Southeast Portlan	Central Oregon (Rec rant's Pass), Lincoln ( nd (Gresham), Two Ri eek is not an actual (	Co. (Newport), Rive ivers (Eugene), Wa	r City (The Dalles), shington Co. (Forest	Grove), Willamette	Valley (Salem)
ADDRESS:	PLUS 1 NAMES:				
CITY:			STATE: _	ZIP:	
CITY: STATE: ZIP: PHONE #: () E-mail:					
Names:	Family member				
# of Members	Туре	One Year	Two Years	Three years	Five Years
One	Individual	\$30.00	\$55.00	\$80.00	\$125.00
(Additional amily members 55.00 each per vear.)	Couple	\$45.00	\$80.00	\$120.00	\$200.00
Includes: Club Members *	Sustaining	\$100.00	\$190.00	\$280.00	\$450.00
One *	Supporter	\$100.00	N/A	N/A	N/A
One **	Life Time	\$400.00	N/A	N/A	N/A
* - Individual ** - Individua	<u> </u>	pporter groups	do not get ABA	·	
	ership Selected: mbers:		How	Many Years:	

Mail to:
Membership Secretary
ABATE of Oregon, Inc.
2532 Santiam Hwy. SE #311
Albany, OR 97322

(Make Checks Payable to: ABATE of Oregon, Inc.)

Total Amount Enclosed: \$\_\_\_