



Membership Application
Southwest Chapter, ABATE for Missouri
www.swmo-abate.com

Please Check All That Apply: Amount Paid: \$ _____ Date Paid: _____
Single: ___ \$25.00 New: ___ How Paid: _____ Chk#: _____
Couple: ___ \$45.00 Renew: ___ Received By: _____

I prefer to receive my newsletter via: Email: ___ Mail: ___

Name:(1) _____ Name:(2) _____

Address: _____

City: _____ State: _____ Zip: _____ County: _____

Phone:(1)(____) _____ Cell:(1)(____) _____

Phone:(2)(____) _____ Cell:(2)(____) _____

Date of Birth:(1) _____ Occupation:(1) _____

Date of Birth:(2) _____ Occupation:(2) _____

Email:(1) _____ Email:(2) _____

Registered Voter:(1) Y N Registered Voter:(2) Y N

Congressional Dist: _____ Senatorial Dist: _____

Representative: _____

Remit Payment to: SWMO Chapter, ABATE for Missouri
2510 S. Delaware Ave, Springfield, MO 65804

I understand that ABATE for Missouri, Inc. cannot assume responsibility for my safety and that if I participate in any sanctioned event, I do so voluntarily, assuming all risk: I release and hold ABATE for Missouri, Inc. harmless for any injury or loss of my personal property which may result therefrom. I understand this means that I agree not to sue ABATE for Missouri, Inc. for any injury resulting to myself or my property at any event. I agree to comply with the bylaws and act in the best interest of ABATE for Missouri, Inc.

Signature:(1) _____ Date:(1) _____

Signature:(2) _____ Date:(2) _____

Temporary Receipt - SWMO Chapter, ABATE for Missouri, Inc. Membership

Name:(1) _____ Name:(2) _____

Amount Paid: \$ _____ Date Paid: _____ How Paid: _____

Received By: _____ Member#: _____