



Membership Application

A.B.A.T.E.
of
Louisiana

Make check of Money Order to
A.B.A.T.E. of LA., Inc.

Mail to:
A.B.A.T.E. of Louisiana, Inc.
P.O. Box 541, St. Amant, LA 70774

New Members/Renewals Only \$20.00 each

Youth Membership: \$5.00

Life Membership: \$150.00 single, \$225.00 couple

New Renew Date _____

Name _____

Address _____

City _____ St _____ Zip _____

Phone: (____) _____

Email _____ Date of Birth _____

Emergency Contact Name _____ Emergency Contact Number _____

Chapter _____ Amount Enclosed _____ Referred By _____

Voter Registration Number _____

Legislative Donation (Optional) _____ \$5 _____ \$10 _____ Other (Enter Amount)

I agree to comply with A.B.A.T.E. rules for motorcycle events. I understand that all benefits become effective upon receipt of my membership card. I agree not to hold A.B.A.T.E. responsible for accidents that may occur at A.B.A.T.E. events. Membership dues and donations are NOT tax deductible for federal income tax purposes.

Signed _____