

**I want to be a part of  
A.B.A.T.E. !**

*(Applicants 18 years of age and older)*

**PLEASE PRINT CLEARLY**

Name 1 \_\_\_\_\_

Name 2 \_\_\_\_\_

*Associate name*

Address \_\_\_\_\_

City \_\_\_\_\_

State/Zip \_\_\_\_\_

Phone # (\_\_\_\_) \_\_\_\_\_

Phone # W (\_\_\_\_) \_\_\_\_\_

E-mail \_\_\_\_\_

Renewal  yes  no DOB: \_\_\_\_\_

Chapter \_\_\_\_\_

*If left blank the correct area chapter will be assigned*

Dues: \$20.00 single  
or \$30.00 per couple per year.

Make checks payable to A.B.A.T.E. of Minnesota

Checks or Money Order # \_\_\_\_\_

Charge to:  Visa  Master Card Exp. \_\_\_\_\_

Card # \_\_\_\_\_

Signature \_\_\_\_\_

*Cardholder Signature*

**MOTORCYCLE PAC of MINNESOTA**

Unless you opt-out by signing below,  
\$2.00 from your membership dues will  
go to Motorcycle PAC of Minnesota,  
a Political Action Committee of  
Minnesota Motorcyclists:

To **opt-out** check here  then sign

Signature \_\_\_\_\_

**Mail to:** A.B.A.T.E. of Minnesota, Inc.

P.O. Box 6

Marshall, MN 56258