

ABATE of South Carolina Membership Application

Today's Date: _____ Registered Voter Yes No Chapter Joined: _____ At Large

New Membership Renewal Member # _____ Change of Address

Membership: Single \$25 Couple \$35 ABATE of SC Patch – FREE to new member (\$5 for each additional patch)

Name: (A) _____ (B) _____

Address: _____ City: _____ State: _____ Zip: _____

E-mail Address _____ Phone: () _____

Receive Emergency Legislative Information via e-mail? YES NO Referred by: _____

(Optional :) Date of Birth: (A) _____ (B) _____ If Married - Date of Anniversary: _____

Total Amount Enclosed (including cost for additional patches) \$ _____ Make checks payable to Greenville ABATE of SC

Mail application and payment to: Greenville Chapter of ABATE of SC Inc.

P.O. Box 8333, Greenville SC 29604

Information provided shall not be made available to any person or organization other than ABATE of South Carolina, Inc.