

MAIL APPLICATION WITH PAYMENT TO:

CBA/ABATE OF NC MEMBERSHIP SERVICES
Iris Hindle
4047 Old Franklinton Road
Franklinton, N.C. 27525-8165



RENEWAL DATE _____

CHAPTER: _____

"AT LARGE" MEMBER

CONCERNED BIKERS ASSOCIATION/ABATE OF NC, INC.

RENEWAL APPLICATION

PLEASE PRINT OR TYPE YOUR INFORMATION

NAME (S) _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIPCODE+4 _____

PHONE () _____ E-MAIL ADDRESS _____

OCCUPATION: _____ AGE: _____

OTHER MOTORCYCLE AFFILIATIONS _____

ARE YOU A REGISTERED VOTER? Yes _____ No _____

Your continuing membership is valued. As a member of CBA, your ideas, suggestions and comments are important to our organization. Your comments will be used anonymously to implement and improve current and future programs within the organization.

I UNDERSTAND BY SIGNING MY NAME TO THIS APPLICATION THAT I AM RENEWING MY MEMBERSHIP IN A GRASSROOTS POLITICAL ORGANIZATION FORMED TO PROTECT MOTORCYCLIST'S RIGHTS.

SIGNED: _____ DATE: _____

Annual Renewal Dues: _____ Individual \$25.00 _____ Couple \$35.00

Membership renewals must be returned with payment as soon as possible to prevent a lapse in membership. Renewal applications and dues may be submitted to your local chapter or mailed to the Membership Services address above.

MEMBERSHIP SERVICES ONLY:

postmarked: _____ received: _____ by email – fax – mail sent to State – chapter _____

Pymt.method _____ amt _____ expiration date: _____ renewal card mailed: _____