



# MEMBERSHIP APPLICATION

Return Application to your nearest District or Mail to:  
ABATE of Kansas, Inc., P.O. Box 102, Perry, KS 66073

Date

Date

Dist.  Membership #

EXP

Address Change

Renewal

New

Regular Annual Membership \$30 per person

LIFE Membership \$300 per person

Registered Voter

PLEASE PRINT CLEARLY

Mr.  Mrs.  Miss  Ms.  Dr.

First Name

M.I.

Last Name

Nickname

Address / Apt #

County

City

State/Reg.

ZIP Code

E-Mail

Telephone

Applicant Signature

Signed by

**ABATE of Kansas, Inc.**  
610 Elm/PO Box 102, Perry, KS, 66073  
(785) 597-5140 (800) 657-5763



Regular Annual Membership \$30 per person

LIFE Membership \$300 per person

Applicant

Received by:

Receipt for Applicant

Fees are not tax deductible