

# ABATE of ALASKA APPLICATION FOR MEMBERSHIP

Annual Membership \$20     3-Year Membership \$50  
 New     Address Change     Renewal \_\_\_\_\_  
Previous Member Number

NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

PHONE: \_\_\_\_\_ EMAIL: \_\_\_\_\_

Are you a registered voter? Yes  No

What is your State Senate District? \_\_\_\_\_

What is your State House District? \_\_\_\_\_

MSF Course taken:    None     BRC     ERC     RC

VISA    Card No: \_\_\_\_\_ Exp. Date \_\_\_\_\_

MC

AMEX    Signature \_\_\_\_\_

By signing this application, I agree to waive any and all claims against ABATE of Alaska, its officers, board members, and general members for any personal or property loss or damage which may occur as a result of my participation in ABATE functions. I understand that ABATE cannot and will not assume responsibility for my safety and that if I participate in any ABATE sponsored ride or event I do so voluntarily, and I assume all risks. I release and hold ABATE harmless for any personal injury or property loss, which may result therefrom. I agree not to sue ABATE or any property owner for any injury or damage which may occur as a result of my own or my guests' participation in any ABATE sponsored event. I agree to reimburse ABATE for any and all losses it may suffer as a result therefrom.

**Please read and understand the above agreement and sign below.**

\_\_\_\_\_  
**Member Signature and Date**

*Please mail payment with this application to:*  
**ABATE of Alaska**  
**P.O. Box 92213**  
**Anchorage, AK 99509-2213**

O F F I C I A L U S E O N L Y

Charge Card  Cash  Check (# \_\_\_\_\_ ) M/O

Computer Updated  Card Sent  Date: \_\_\_\_\_

Recruited by: \_\_\_\_\_

Card Number: \_\_\_\_\_