

MAIL APPLICATION WITH PAYMENT TO:

CBA/ABATE OF NC
MEMBERSHIP SERVICES
P.O. Box 1189
FUQUAY-VARINA, NC 27526-1189



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 \$20.00 _____ Couple \$30.00

Membership renewals must be postmarked no later than the last day of your anniversary month. Renewals received after that date will be processed as a new member. Late renewals will affect your eligibility for Lifetime Membership, and your eligibility to run for a Chapter office.

MEMBERSHIP SERVICES ONLY:

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

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