



APPLICATION FOR MEMBERSHIP
CONCERNED BIKERS ASSOCIATION/ABATE OF NC, INC.

PLEASE PRINT OR TYPE YOUR INFORMATION (This application is for new memberships only)

NAME (S) _____

ADDRESS _____

CITY _____ STATE _____ ZIPCODE+4 _____

PHONE () _____ E-MAIL ADDRESS _____

OCCUPATION _____ AGE _____

ARE YOU AFFILIATED WITH ANY OTHER MOTORCYCLE ORGANIZATIONS? Yes _____ No _____

If yes, name _____

DATE: _____ ARE YOU A REGISTERED VOTER? Yes _____ No _____

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

SIGNED: _____

RECRUITED BY: _____

If not recruited, how did you come to know about CBA? _____

_____ **\$25.00 annual individual membership** _____ **\$35.00 annual couple membership**

Chapter Affiliation _____ (or) you may join as an "At Large" member _____

Mail your completed application with payment made to:

CBA/ABATE of NC
MEMBERSHIP SERVICES

Iris Hindle

4047 Old Franklinton Road Franklinton, N.C. 27525-8165

919-528-9164 irishindle@aol.com

For more information on chapters and the CBA organization, visit www.cba-abatenc.org

MEMBERSHIP SERVICES ONLY:

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

pymt. method: _____ amt: _____ expiration date: _____ date card/packet mailed: _____