

MAIL APPLICATION WITH PAYMENT TO:
CBA/ABATE of NC MEMBERSHIP SERVICES

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"AT LARGE MEMBER"



_____ CHAPTER

DATE: _____

CONCERNED BIKERS ASSOCIATION/ABATE OF NC, INC. MEMBERSHIP APPLICATION ___ NEW or ___ RENEWAL
PLEASE PRINT OR TYPE YOUR INFORMATION

FIRST/LAST NAME _____

FIRST/LAST NAME _____

AGE: ___ Under 16 ___ 16-29 ___ 30-50 ___ Over 50

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PHONE () _____

PHONE () _____

E-MAIL _____

E-MAIL _____

OCCUPATION _____

OCCUPATION _____

REGISTERED VOTER ___ YES or ___ NO

REGISTERED VOTER ___ YES or ___ NO

Other MOTORCYCLE AFFILIATIONS: _____

ADDRESS _____

CITY _____ State _____ ZIP CODE+4 _____

Your membership in the CBA is important and valued. How would you like to share your involvement, knowledge, love of riding and protecting motorcyclists' rights?

___ Volunteer for events (road guards, food, raffle prizes, sell products, ride stops) ___ Attend meetings
___ Legislative Committee ___ Speak to other bike groups ___ Sponsor recruitment ___ Events Committee

Would you like to receive your copy of your local & State Newsletter ___ Electronic or ___ US Postal Service?

I understand by signing my name to this application that I am a member in a grassroots political organization formed to protect motorcyclists' rights.

SIGNED: _____ **DATE:** _____

Dues: Individual ___ 1 year \$20.00 ___ 3 year \$60.00 ___ 5 year \$100.00 ___ Lifetime \$100.00*
Couple ___ 1 year \$30.00 ___ 3 year \$90.00 ___ 5 year \$150.00 ___ Lifetime \$150.00*

*Lifetime is available after 5 consecutive years of membership

___ Junior (under the age of 16, free) ___ Young adult (16-29, free for first year of membership)

How did you find out about the CBA? (social media, recruited by, etc.): _____

NEW MEMBERSHIP PACKET GIVEN BY: _____ DATE: _____

MEMBERSHIP SERVICES ONLY:

Revised: April 28, 2018

Postmarked: _____ Received: _____ by Email - Fax - Mail Sent to State - Chapter: _____

Pymt. Method: _____ Amt: _____ Expiration Date: _____ Renewal Card Mailed: _____ Inv: _____