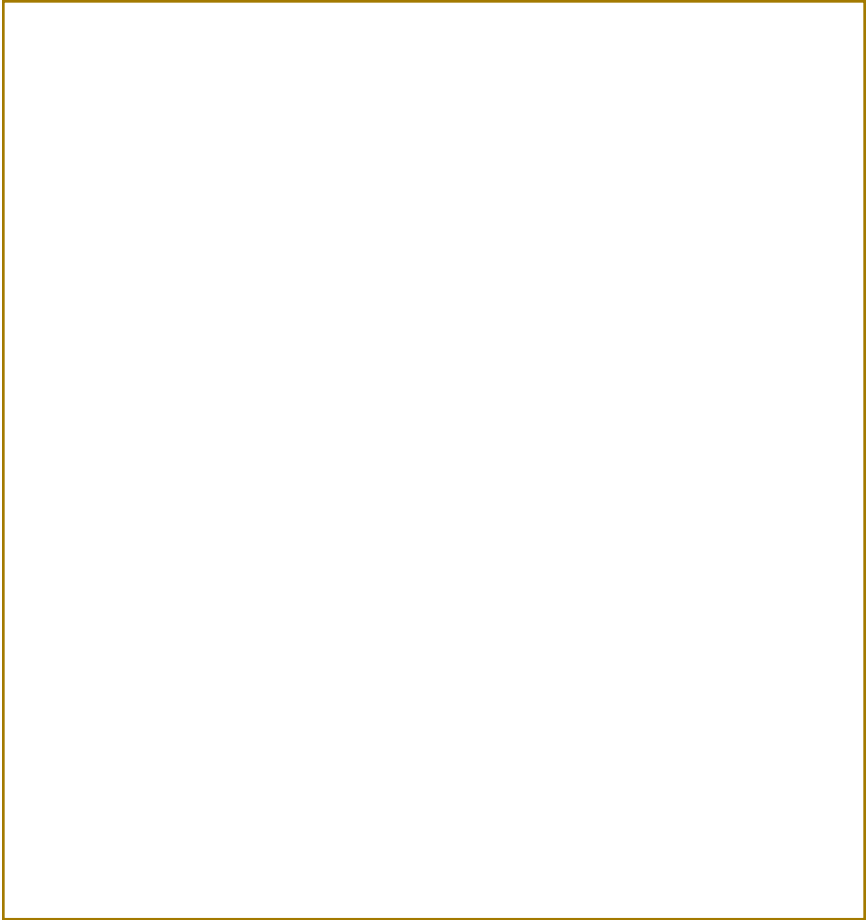


**ABATE OF NEW YORK STATE, INC.,
SOUTHERN TIER CHAPTER**

PO Box 2441
Binghamton, NY 13902

*American Bikers Aimed
Towards Education*

We're on the Web!
abateofstny.org



MAIL TO:

**ABATE OF NEW YORK, INC.
PO BOX 300
WALKER VALLEY, NY 12588-0300**

- Full Membership \$25 per year:** includes membership packet, newsletter, all benefits in accordance with the State by-laws
- Associate Membership \$20 per year:** includes the same benefits as a Full Member except no newsletter
- Member-at-Large \$25 per year:** includes all the benefits as a Full Member (cross out chapter below)

Name _____ DOB _____ Chapter Southern Tier

Address _____

City _____ State _____ Zip _____ County _____ Phone () _____

Email newsletter Yes No Email address _____

Method of Payment Cash Check Credit Card: VISA Master Card

Credit Card No. _____ Card Expiration Date: Month _____ Year _____

Signature authorizing charge _____

I agree to comply with ABATE of New York State, Inc. by-laws:

Applicant Signature _____ Date _____

New member Renewal Member # _____—Signed by _____

ABATE of New York, Inc. Membership Receipt

Membership term _____ to _____ Full Associate Member-at-Large (cross out chapter below)

Chapter Southern Tier Accepted by: _____ Date _____

Retain this receipt as proof of application and payment. May be used as temporary proof of membership.