

# ABATE of Sioux Falls, Inc. Membership Application

Date: \_\_\_\_\_

Check each that apply: \_\_\_\_\_ New \_\_\_\_\_ Renewal \_\_\_\_\_ Change of Address \_\_\_\_\_

***“please print legibly”***

Memo

\_\_\_\_\_

Name

\_\_\_\_\_

Address

\_\_\_\_\_

City

\_\_\_\_\_

State \_\_\_\_\_ Zip \_\_\_\_\_

Email

\_\_\_\_\_

Signature

\_\_\_\_\_

OFFICE USE ONLY:

Rec'd By

\_\_\_\_\_

Legislative Dist# \_\_\_\_\_

*Send this form with your \$25.00 check to:*

ABATE OF SIOUX FALLS, Inc.

P.O. BOX 2431

SIOUX FALLS, SD 57101

*Allow 2 to 6 weeks to receive your membership card and your first newsletter.*