

A.B.A.T.E. of Nebraska
Membership Report Form
(to be sent along with applications)

District: _____ Person Submitting: _____ Report Date: _____

<u>Membership Rates</u> Regular\$25 Associate\$10 <small>(18 years and younger)</small> Lifetime\$400	<u>Business Rates</u> Supporting Business \$50 Supporting Business Lifetime.. \$500
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(Check all that apply)

Member Name(s)/Address/Phone <i>(Please Print Legibly)</i>	New	Renewal Card #	Regular	Associate	Supporting Business	Lifetime	Check #	Amt. Pd.
1. _____ _____ _____ Ph: () Email								
2. _____ _____ _____ Ph: () Email								
3. _____ _____ _____ Ph: () Email								
4. _____ _____ _____ Ph: () Email								
5. _____ _____ _____ Ph: () Email								
6. _____ _____ _____ Ph: () Email								

Amount Forwarded to State Office: \$ _____

Make sure a copy is given to your districts' membership secretary!