



**A.B.A.T.E. of Lexington**  
P.O. Box 85304  
Lexington, S.C. 29073

**MEMBERSHIP APPLICATION**  
**ABATE of SOUTH CAROLINA — Lexington Chapter**

PLEASE PRINT LEGIBLY Circle: New Renewing Card Number \_\_\_\_\_ Today's Date: \_\_\_\_\_

Membership Fee: Single \$25 Couple \$40 (Includes local dues \$5 per person) Total Paid \$ \_\_\_\_\_

Name(s): (A) \_\_\_\_\_ (B) \_\_\_\_\_

Mailing Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

E-Mail Address: \_\_\_\_\_ Receive Email Notices?: Y or N Phone: ( ) \_\_\_\_\_

Receive Chapter Newsletter Mail or E-Mail (Optional) Emergency Name & Number \_\_\_\_\_

(Optional) Date of Birth: (A) \_\_\_\_\_ (B) \_\_\_\_\_ If Married – Date of Anniversary: \_\_\_\_\_

Mail Application and Membership Fee to: ABATE of LEXINGTON - Membership --P. O. Box 85304, Lexington, SC, 29073  
We guarantee any information provided here shall not be made available to any person or organization other than ABATE of South Carolina, Inc.

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