



ABATE OF SOUTH CAROLINA
A BROTHERHOOD AGAINST TOTALITARIAN ENACTMENTS



MEMBERSHIP APPLICATION

PLEASE PRINT LEGIBLY New Renewing - Card #
Membership Fee: Single \$30 Couple \$45 (includes Chapter Fee \$5 Per Person) Total Paid: \$ Date :
Name(s) (A): (B)
Mailing Address: City: State: Zip:
E-Mail Address
Chapter Newsletter: Mailed or E-Mailed Phone: () Chapter : Lexington
State Newsletter: (M) or (E-M) Emergency Contact: Name & Number :
Birth Date (A): (B): Anniversary Date:

Mail Application To: ABATE of LEXINGTON - PO BOX 85304 - LEXINGTON, SC 29073
For further information - visit our website at www.abatesc.com or www.ABATEOFLEXINGTON.COM



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