



**MAIL APPLICATION WITH PAYMENT TO:**

**Gaston County Chapter**

**PO Box 22**

**Lowell, NC 28098**

**RENEWAL DATE: \_\_\_\_\_**

## **CONCERNED BIKERS ASSOCIATION/ABATE OF NC, INC. RENEWAL APPLICATION**

**PLEASE PRINT OR TYPE YOUR INFORMATION**

**NAME (S)** \_\_\_\_\_

**ADDRESS** \_\_\_\_\_

**CITY** \_\_\_\_\_ **State** \_\_\_\_\_ **ZIP CODE+4** \_\_\_\_\_

**PHONE ( )** \_\_\_\_\_ **E-MAIL ADDRESS** \_\_\_\_\_

**OCCUPATION** \_\_\_\_\_ **AGE** \_\_\_\_\_

**Other MOTORCYCLE AFFILIATIONS:** \_\_\_\_\_

**DATE:** \_\_\_\_\_ **ARE YOU A REGISTERED VOTER? Yes** \_\_\_ **No** \_\_\_

*Your continuing membership is valued. As a member of CBA, your ideas, suggestions and comments are important to our organization. Your comments will be used anonymously to implement and improve current and future programs within the organization.*

***I UNDERSTAND BY SIGNING MY NAME TO THIS APPLICATION THAT I AM RENEWING MY MEMBERSHIP IN A GRASSROOTS POLITICAL ORGANIZATION FORMED TO PROTECT MOTORCYCLIST'S RIGHTS.***

**SIGNED:** \_\_\_\_\_ **DATE:** \_\_\_\_\_

**Annual Renewal Dues:** \_\_\_\_\_ **Individual \$25.00** \_\_\_\_\_ **Couple \$35.00**

Membership renewals must be returned with payment as soon as possible to prevent a lapse in membership. Renewal applications and dues may be submitted to your local chapter or mailed to the Membership Services address above.

### **MEMBERSHIP SERVICES ONLY:**

**Postmarked:** \_\_\_\_\_ **Received:** \_\_\_\_\_ **by Email - Fax - Mail Sent to State - Chapter:** \_\_\_\_\_

**Pymt. Method:** \_\_\_\_\_ **Amt:** \_\_\_\_\_ **Expiration Date:** \_\_\_\_\_ **Renewal Card Mailed:** \_\_\_\_\_