

**MAIL APPLICATION WITH PAYMENT TO:**  
CBA/ABATE of NC MEMBERSHIP SERVICES  
Jill C. Stillwell  
341 Colt Thornburg Rd., Dallas NC 28034  
704 922-5437 or 704 913-7284

[cba.abateofncmembershipservic@gmail.com](mailto:cba.abateofncmembershipservic@gmail.com)

"AT LARGE MEMBER"



Gaston County CBA  
PO Box 22  
Lowell NC 28098-0022

**CONCERNED BIKERS ASSOCIATION/ABATE OF NC, INC.**  
**MEMBERSHIP APPLICATION** \_\_\_\_\_ **NEW** \_\_\_\_\_ **RENEWAL**  
PLEASE PRINT OR TYPE YOUR INFORMATION

NAME \_\_\_\_\_ NAME \_\_\_\_\_  
AGE \_\_\_\_\_ DOB \_\_\_\_\_ AGE \_\_\_\_\_ DOB \_\_\_\_\_  
ADDRESS \_\_\_\_\_  
CITY \_\_\_\_\_ State \_\_\_\_\_ ZIP CODE+4 \_\_\_\_\_  
PHONE ( ) \_\_\_\_\_ E-MAIL ADDRESS \_\_\_\_\_  
OCCUPATION \_\_\_\_\_  
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.*

How would you like to receive your copy of your local & State Newsletter \_\_\_ Electronic \_\_\_ Snail Mail?

**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:** \_\_\_\_\_

Dues: Individual \_\_\_ 1 year \$20.00 \_\_\_ 3 year \$60.00 \_\_\_ 5 year \$100.00 \_\_\_ Lifetime \$100.00\*  
Couple \_\_\_ 1 year \$30.00 \_\_\_ 3 year \$90.00 \_\_\_ 5 year \$150.00 \_\_\_ Lifetime \$150.00\*  
\*Lifetime is available after 5 consecutive years of membership  
\_\_\_ Junior (under the age of 16, free) \_\_\_ Young adult (16-29, free for first year of membership)

Please submit payment as soon as possible to your local chapter or the membership services director to prevent a lapse in membership. Thank you for your membership.

**MEMBERSHIP SERVICES ONLY:**  
Postmarked: \_\_\_\_\_ Received: \_\_\_\_\_ by Email - Fax - Mail Sent to State – Chapter: \_\_\_\_\_  
Pymt. Method: \_\_\_\_\_ Amt: \_\_\_\_\_ Expiration Date: \_\_\_\_\_ Renewal Card Mailed: \_\_\_\_\_

RECRUITED BY: \_\_\_\_\_

NEW MEMBERSHIP PACKET GIVEN BY: \_\_\_\_\_ DATE: \_\_\_\_\_