

**ABATE of MICHIGAN INC.**



**P.O. Box 309 Milford, Michigan 48281-0309**

**Name(s):** \_\_\_\_\_

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

**City:** \_\_\_\_\_ **State:** \_\_\_\_\_

**Zip:** \_\_\_\_\_ **County:** \_\_\_\_\_

**Phone:** \_\_\_\_\_ **E- mail:** \_\_\_\_\_

**Are you a registered voter? YES  NO**

**New membership  Membership Renewal**

**If this is a renewal please enter your membership number below:**

\_\_\_\_\_

**Fees are: Single Annual \$20.00, Couple Annual: \$35.00**

**Please make checks payable to ABATE of MICHIGAN Inc. Membership fees are NOT tax deductible. Membership expires one (1) year from processing date. Voting rights take effect 30 days after application has been processed.**

**\*There is a \$25.00 charge for returned checks**

**COMPLETE - PRINT FORM AND MAIL TO  
ABATE OF MICHIGAN INC., P.O. BOX 309 MILFORD, MI.  
48381-0309**