

Are you fed up with having your rights as a motorcyclist stripped away without having a say in the matter? Then join ABATE of Georgia, Inc. as we present:

RALLY FOR YOUR RIGHTS SATURDAY, APRIL 25th AT THE COOK HOUSE

2831 TOMMY LEE COOK RD. NEWNAN, GA.30263

**TOMMY LEE COOK RD IS SOUTH OF PALMETTO
THE COOK HOUSE IS 4.3 MILES FROM HWY. 29**

GATES OPEN AT 9AM

Admission is \$10.00 or free with a new membership at the gate.

Vendor Fee: \$25.00. Set-up starts at noon on Friday APRIL 24TH.

There will be free primitive camping (no electricity) and field events.

**Contact Chuck Dodson at: 404-275-1744 or 770-599-0488 OR Gary Allen
at 404-597-8099 for more details. Proceeds to benefit ABATE MotoPAC**

**Be here during the event when the GOHS presents the
May is Motorcycle Safety and Awareness Proclamation**

Listen and dance to live music by:

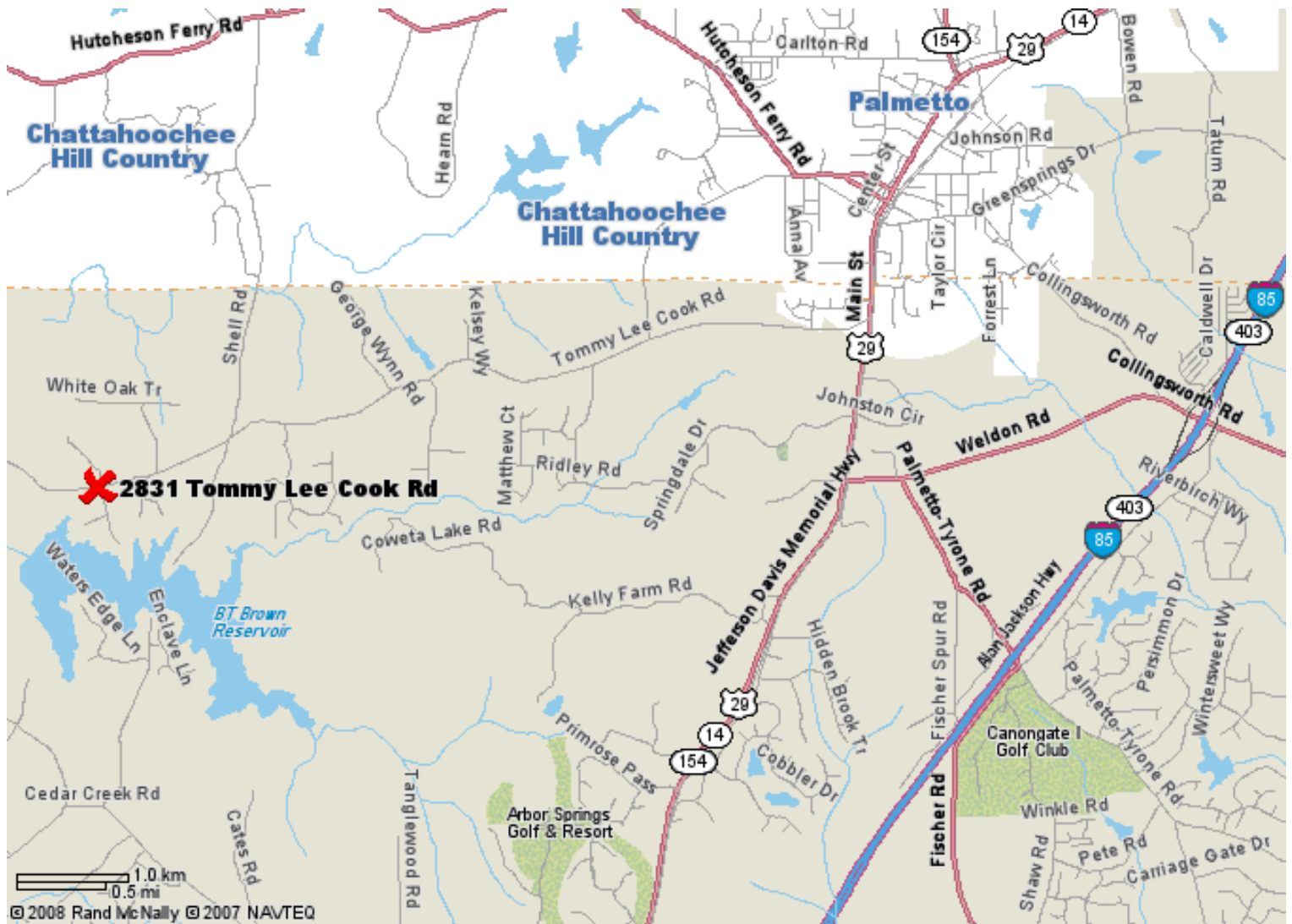
SOUTHERN PRIDE BAND

Then stay with us Sunday for a free escorted

RIDE TO THE CAPITOL

Departure Time: Noon

2831 TOMMY LEE COOK RD. NEWNAN, GA. 30263



ABATE of Georgia, Inc. Membership Application

Membership Dues: Single \$30, Couple \$50 Junior \$5. (Junior membership age must be 15 or under). Make check or money order payable to ABATE of Georgia, Inc.

Send to ABATE of Georgia, Inc., PO Box 769, Jackson, GA. 30233-0016.

NAME _____ DOB ____/____/____ NEW OR RENEW

NAME _____ DOB ____/____/____ NEW OR RENEW

ADDRESS _____

CITY _____ STATE _____ ZIP _____

COUNTY _____ DISTRICT _____ PHONE (____) _____

HOUSE DIST _____ SENATE DIST _____ CONGRESSIONAL DIST _____

OCCUPATION _____ REFERRED BY _____ (please give credit)

E-MAIL ADDRESS _____

LEGISLATIVE DONATION (OPTIONAL) \$10 _____ Other \$ _____ Mail Pins add \$3 postage \$ _____

I agree to comply with ABATE rules for sanctioned motorcycle activities. I understand that all benefits become effective upon receipt of my membership card. I agree not to hold ABATE responsible for accidents that may occur at sanctioned events. Membership dues and donations are **NOT** tax deductible for federal income tax purposes.

APPLICANT SIGNATURE _____

VISA OR MASTERCARD # _____ EXP DATE _____ 3 digit sec# On back _____

If you prefer to give credit card info over phone please call one of the numbers at top of page- Thank You!

Total Enclosed \$ _____

OFFICE USE	
New Card #	_____
New Card #	_____
How Paid	_____
Amount Paid	_____
Expiration Date	____/____/____
Date Received	____/____/____
Pin <input type="checkbox"/> Patch <input type="checkbox"/>	
Registered Voter	____/____/____
Y or N	_____