



MEMBER TO MEMBER SIGN UP

This program is free of charge to any member who is the owner or manager of a business.

As a participant, you will receive:

- A complimentary listing in the State Newsletter that includes the name, physical address and phone number of your place of business.
- A complimentary listing on the State Website that includes the name, physical address, phone number and website name of your place of business.

Any discount offered to ABATE of Ohio members is at your sole discretion.

PLEASE PRINT CLEARLY

BUSINESS INFORMATION:

Name _____

Type (choose only one)

- Restaurant / Tavern
 Motorcycle / Automotive
 Clothing / Accessories
 Tattoos
 Musician / Band
 Other _____

Physical Address _____

City, State, Zip _____

Phone (_____) _____ - _____

Ohio County _____

Website Name _____

Email _____

Mailing Address _____

City, State, Zip _____

Do you wish to be contacted about being a vendor at ABATE events? Y / N

OWNER/MANAGER INFORMATION:

Member Name _____

Membership Expiration Date ____/____/____

Signature _____

Date ____/____/____

*Thank you for
participating in
this program!*

Please attach a business card for our reference.

If you have any questions, please feel free to call the State Office at 1-800-25-BIKER.

Please return to: ABATE of Ohio, Inc.

P. O. Box 1658

Hilliard, Ohio 43026

ABATE OF OHIO, INC.
MEMBER TO MEMBER SIGN UP

Characteristics:

1. Category: Member.
2. Established by: Policy and Procedure: Advertising.
3. Purpose: To provide information for the Member to Member program.
4. Audience: Members who own or manage businesses.
5. Required? Preferred.

Business Information Directions:

1. Name – of business.
2. Type – of business. Choose the best one or indicate “Other” and specify type.
3. Physical Address – street address of business.
4. City, State, Zip – of physical address of business.
5. Phone – of business.
6. Ohio County – of physical address of business.
7. Website Name – of business.
8. Email – of business.
9. Mailing Address – of business. If different from physical address.

10. City, State, Zip – of mailing address of business.
11. Do you wish to be contacted about being a vendor at ABATE events? – circle either “Y” or “N”.

Owner/Manager Information Directions:

1. Member Name – of owner or manager of business.
2. Membership Expiration Date – from membership card in mm/yy format. If life member, indicate “LIFE”.
3. Signature – of owner or manager of business.
4. Date – of signature of owner or manager of business in mm/dd/yy format.

Special Cases:

1. If multiple locations, a separate form is required for each.

Handling:

1. Send to: State Office.
2. Deadline: none.