MONTHLY MEMBERSHIP REPORT

Mail to: **ABATE Of North Idaho**
P.O. Box 2042
Orofino, Idaho 83544

Chapter Reporting _____

Date _____

New members state & chapter

NAME	HOME CHAPTER	MEMBER#	PHONE	JOINED DATE

Renewed members state & chapter

NAME	MEMBER#	PHONE	AMT PAID	GOOD 'TILL

Change of address and/or phone #

NAME	MEMBER#	NEW ADDRESS	NEW PHONE#