***APPLICATION FOR VENDOR AFFILIATE MEMBERSHIP***

**ASSOCIATION OF BUSINESSES
ADVOCATING TARIFF EQUITY**

**Please sign me up as an ABATE vendor affiliate.**

**A check for annual membership
dues in the amount of $1,500 (payable to “ABATE”) is enclosed.**

|  |  |
| --- | --- |
| **Company Name:** |  |

|  |  |
| --- | --- |
| **Representative Name:** |  |
| **Title:** |  |
| **Address:** |  |
| **Email Address:** |  |
| **Primary Telephone Number:** |  |
| **Cell Number:** |  |

 **PLEASE RETURN THIS FORM, AND YOUR CHECK TO:**

**ABATE
c/o Clark Hill PLC
Attn: Lauren K. Degnan
500 Woodward Avenue**

**Suite 3500
Detroit, Michigan 48226**

***If you have any questions concerning ABATE, please contact***

***Rod Williamson, Executive Director for ABATE,*** ***rwilliamson@clarkhill.com*** ***or***

***directly at (910) 444-8883***