

## **Arrowhead Republican Women**

## 2024 Application for Membership

Name:	Birth Month:	
<b>☐New or ☐Renewal</b> Annual Dues	s (January1-December3	1) Full Membership: \$40.00
Address:	City:	Zip:
Phone Number:	Email:	
Registered Republican:   Yes   No   No	Name on Voter Registration	<u>:</u>
AZ Legislative District#: Cong	ressional District#:	_ Supervisory District#:
Precinct Committeeman: ☐ Yes ☐ No	Name of Precinct:	
Veteran: ☐ Yes ☐ No Branch of Se	rvice:	
Referred By:		
Other Political Activities:		
Are you now or have you been a member	r of another Republican Wo	men's Club? □ Yes □ No
Name of the other Republican Women's	Club?	
Please select as many areas is	n which you would be intere	ested and willing to serve:
Americanism	Caring for America	Literacy
Armed Services	Communications	Opportunity Drawing
Arrangements	Finances	Membership
Awards	Historian	Newsletter
Bylaws	Hospitality/Greete	r Photography
Campaign/Political	Legislative	Ways & Means
I understand by joining Arrowhead Rep	ublican Women I will be sul	oscribed to ARW email newsletters.
Signature:		
Associate Membership: (Non-Voting Membership in another AzFRW Club or who are If Associate: Name of AzFRW Club or State of Reasociate Annual Dues (January)	a Republican registered in anothesidence:	men or Women who have Active ner state.
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Please contact Judy Penman, 2nd Vic To join, complete this form and return v Please mail to Arrowhead	vith your check made payabl I Republican Women, P.O. B	e to Arrowhead Republican Women. ox 1998, Sun City, AZ 85372-1998
For ARW Use: Dates Dues Paid:	Check #: Cash:	Credit: