

## **Arrowhead Republican Women**

## 2024 Application for Membership

Name:	Birth Month:	
<b>☐New or ☐Renewal</b> Annual Due	s (January1-December3	1) Full Membership: \$40.00
Address:	City:	Zip:
Phone Number:	Email:	
Registered Republican:   Yes   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	ervice:	
Referred By:		
Other Political Activities:		
Are you now or have you been a membe		
Name of the other Republican Women's	s Club?	
Please select as many areas i	n which you would be inter	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 su	bscribed 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 R	e a Republican registered in anot	ner state.
Associate Annual Dues (January 1 - December 31): \$20.00 ☐ New or ☐ Renewal		
Please contact Judy Penman, 2nd Vice President, Membership at (661) 755-2774 with any questions. To join, complete this form and return with your check made payable to Arrowhead Republican Women. Please mail to Judy Penman, 13339 W. Meeker Blvd., Sun City West, AZ 85375		
For ARW Use: Dates Dues Paid:	Check #: Cash	:Credit: