



# Arrowhead Republican Women

## 2025 Application for Membership

Name: \_\_\_\_\_ Birth Month: \_\_\_\_\_

New or  Renewal Annual Dues (January 1-December 31) Full Membership: \$40.00

Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Email: \_\_\_\_\_

Registered Republican:  Yes  No Name on Voter Registration: \_\_\_\_\_

AZ Legislative District#: \_\_\_\_\_ Congressional District#: \_\_\_\_\_ Supervisory District#: \_\_\_\_\_

Precinct Committeeman:  Yes  No Name of Precinct: \_\_\_\_\_

Veteran:  Yes  No Branch of Service: \_\_\_\_\_

Referred By: \_\_\_\_\_

Other Political Activities: \_\_\_\_\_

Are you now or have you been a member of another Republican Women's Club?  Yes  No

Name of the other Republican Women's Club? \_\_\_\_\_

Please select as many areas in which you would be interested and willing to serve:

- |                          |                           |                           |
|--------------------------|---------------------------|---------------------------|
| _____ Americanism        | _____ Caring for America  | _____ Literacy            |
| _____ Armed Services     | _____ Communications      | _____ Opportunity Drawing |
| _____ Arrangements       | _____ Finances            | _____ Membership          |
| _____ Awards             | _____ Historian           | _____ Newsletter          |
| _____ Bylaws             | _____ Hospitality/Greeter | _____ Photography         |
| _____ Campaign/Political | _____ Legislative         | _____ Ways & Means        |

I understand by joining Arrowhead Republican Women I will be subscribed to ARW email newsletters.

Signature: \_\_\_\_\_

**Associate Membership:** (Non-Voting Member) Available to Republican men or Women who have Active membership in another AzFRW Club or who are a Republican registered in another state.

If Associate: Name of AzFRW Club or State of Residence: \_\_\_\_\_

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 Arrowhead Republican Women, P.O. Box 1998, Sun City, AZ 85372-1998**

For ARW Use: Dates Dues Paid: \_\_\_\_\_ Check #: \_\_\_\_\_ Cash: \_\_\_\_\_ Credit: \_\_\_\_\_