

Annual dues payable by January 1st  
Delinquent on \_\_\_\_\_

**2010 Membership Application or Renewal Form**

Name: \_\_\_\_\_ Home Phone: \_\_\_\_\_

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

Cell phone: \_\_\_\_\_ Zip Code + 4: \_\_\_\_\_

E Mail Address: \_\_\_\_\_

*(By providing same, I authorize release of my E mail address to this club, to AzFRW and to NFRW)*



|                             |    |  |
|-----------------------------|----|--|
| <b>Active</b> Membership    | \$ | Open to any woman who is currently registered as a Republican in the State of Arizona. Includes full voting rights and the opportunity to hold office.   |
| <b>Associate</b> Membership | \$ | Open to any woman who is currently registered as a Republican in the State of Arizona but holds active membership in another club in Arizona <u>or</u> who is registered as a Republican in another state. |
| <b>Men's</b> Auxiliary      | \$ | Open to any man who is registered as a Republican in the State of Arizona and who supports the objectives of the club. Men's auxiliary members cannot vote or hold office.                                 |

Birth month & day: \_\_\_\_\_ Registered Republican? \_\_\_\_\_ Precinct Committeeman? \_\_\_\_\_



**Yes!** I'm here to help and want to make a difference! Please fill out the interests survey below indicating all areas in which you would be willing to help:

|                          |                         |                          |                         |
|--------------------------|-------------------------|--------------------------|-------------------------|
| <input type="checkbox"/> | Awards/AzFRW/NFRW       | <input type="checkbox"/> | Newsletter              |
| <input type="checkbox"/> | Budget/Finance          | <input type="checkbox"/> | Programs                |
| <input type="checkbox"/> | Bylaws or Parliamentary | <input type="checkbox"/> | Publicity and PR        |
| <input type="checkbox"/> | Campaigns               | <input type="checkbox"/> | Reservations            |
| <input type="checkbox"/> | Caring for America      | <input type="checkbox"/> | Scholarship             |
| <input type="checkbox"/> | Computer Skills         | <input type="checkbox"/> | Sunshine                |
| <input type="checkbox"/> | Fair Booth              | <input type="checkbox"/> | Telephone Tree          |
| <input type="checkbox"/> | Hospitality             | <input type="checkbox"/> | Ways & Means            |
| <input type="checkbox"/> | Legislative Issues      | <input type="checkbox"/> | Website or Social Media |
| <input type="checkbox"/> | Membership              | <input type="checkbox"/> |                         |

Please make check payable to:

Mail this form and your check to:

*(Insert your club name)*

*(Insert your club membership chair name, contact & mailing information)*