

Estrella Republican Women's Club

APPLICATION FOR RENEWAL OR MEMBERSHIP

Name: _____

Address: _____ City: _____

Zip: _____

Home Phone: _____ Cell: _____

Email: _____

Spouse's First Name: _____ Birthday Month/Day: _____

Referred By: _____

Political Information: Precinct Committeeman: ____ Yes ____ No

Legislative District: _____ Congressional District: _____

County Supervisory District: _____ Precinct: _____

Committees on which you would like to serve:

<input type="checkbox"/> Americanism	<input type="checkbox"/> Caring for America	<input type="checkbox"/> Membership	<input type="checkbox"/> Way and Means
<input type="checkbox"/> Armed Services	<input type="checkbox"/> Fundraising	<input type="checkbox"/> Newsletter	
<input type="checkbox"/> Awards	<input type="checkbox"/> Hospitality	<input type="checkbox"/> Nominating	
<input type="checkbox"/> Bylaws	<input type="checkbox"/> Legislative/Political Education	<input type="checkbox"/> Publicity	
<input type="checkbox"/> Campaign Activities	<input type="checkbox"/> Literacy Project	<input type="checkbox"/> Scholarship	

I am a registered Republican in the State of Arizona ____ Yes ____ No

DUES: Yearly - \$30.00 Full Membership * * * Associate Member - \$15.00

RENEWAL _____ NEW MEMBER _____

Please return form and check (payable to ERWC) to Paige Engelson, 3012 North 110th Drive, Avondale, AZ 85392-4341 phone: 623.877.4672 or bring to meeting.

FOR ERWC: Date dues were paid _____ Check _____ Cash _____
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