

# ARROWHEAD REPUBLICAN WOMEN

## 2011 APPLICATION FOR RENEWAL OR MEMBERSHIP

NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_ CITY \_\_\_\_\_

ZIP CODE + 4 for NFRW \_\_\_\_\_

HOME PHONE \_\_\_\_\_ WORK OR CELL \_\_\_\_\_

E-MAIL ADDRESS \_\_\_\_\_ (By providing my E-mail, I authorize release of my Email address to Arrowhead RW, AzFRW and NFRW)

ARW SPONSER \_\_\_\_\_ ARE YOU A PRECINCT COMMITTEEMAN \_\_\_\_\_

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

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

### Committees on which you would like to serve: Please check.

- |  |  |  |
|--|--|--|
| <input type="checkbox"/> Accounting          | <input type="checkbox"/> Fund Raising                    | <input type="checkbox"/> Publicity             |
| <input type="checkbox"/> Americanism         | <input type="checkbox"/> Hospitality/Greeter             | <input type="checkbox"/> Scholarships          |
| <input type="checkbox"/> Awards              | <input type="checkbox"/> Legislation/Political Education | <input type="checkbox"/> Scrapbook/Photography |
| <input type="checkbox"/> Bylaws              | <input type="checkbox"/> Library/Literacy Project        | <input type="checkbox"/> Telephone             |
| <input type="checkbox"/> Campaign Activities | <input type="checkbox"/> Membership                      | <input type="checkbox"/> Youth Projects        |
| <input type="checkbox"/> Caring For America  | <input type="checkbox"/> Newsletter                      | <input type="checkbox"/> Other                 |

Comments: \_\_\_\_\_

I am a registered Republican in the State of Arizona \_\_\_\_\_

PRINT NAME AS REGISTERED \_\_\_\_\_

### DUES: Yearly - \$30.00 Full Membership

**Associate Member - \$10.00** (No voting rights), Men who are registered Republicans may be an associate member. Women who are registered Republicans and hold active membership in another club in the NFRW network may be associate members.

Name of Club \_\_\_\_\_ City and State \_\_\_\_\_

RENEWAL \_\_\_\_\_ NEW MEMBER \_\_\_\_\_ ASSOCIATE \_\_\_\_\_

MEETINGS ARE HELD THE SECOND WEDNESDAY OF THE MONTH. THE MONTHLY NEWSLETTER WILL KEEP YOU INFORMED.

Please return form and check (payable to ARW) to Gail Berra, 16130 W Red Rock Dr, Surprise, AZ 85374-6371, Phone, 623-544-8417

FOR ARW: Date dues were paid \_\_\_\_\_ Check # \_\_\_\_\_ Cash \_\_\_\_\_