

ARROWHEAD REPUBLICAN WOMEN

2010 APPLICATION FOR RENEWAL OR MEMBERSHIP

NAME _____

ADDRESS _____ CITY _____

(We need your NINE DIGIT ZIP CODE for NFRW _____)

HOME PHONE _____ WORK OR CELL _____

E MAIL ADDRESS _____ 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:

___ Accounting

___ Fund Raising

___ Publicity

___ Americanism

___ Hospitality/Greeter

___ Scholarships

___ Awards

___ Legislation/Political Education

___ Scrapbook/Photography

___ Bylaws

___ Library/Literacy Project

___ Telephone/Reservations

___ Campaign Activities

___ Membership

___ Youth Projects

___ Caring for America

___ Newsletter

___ Other

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

SIGNATURE AS REGISTERED _____

DUES: Yearly - \$30.00 Full Membership * * * Associate Member - \$10.00 (No voting rights)

RENEWAL _____ NEW MEMBER _____

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 Shirley McFerran, 16028 W Banff Ln, Surprise, 85379-5063, phone, 623-322-9336

For ARW: Date dues were paid _____ check # _____ cash _____