



2017 MEMBERSHIP FORM

www.austinrepublicanwomen.org

NEW MEMBER: ___ RENEWAL: ___

DATE: _____

NAME: _____

ADDRESS: _____

CITY, STATE & ZIPCODE: _____

HOME PHONE: _____ CELL: _____

SPOUSE: _____

OCCUPATION: _____

(Required by law for all Political Action Committees. If not employed: retired, volunteer, homemaker)

E-MAIL: _____

(Please print clearly and notify us of any changes. This is our preferred means of communication.)

___ Active Member - \$35.00

___ Associate Member - \$15.00

(Spouse, Men, Women with active membership in another Federated Republican Women's Club.)

___ \$8.00 ARW Nametag: Magnetic ___ Pin ___

___ \$5.00 Directory Sponsor (Help pay to publish our Annual Directory of Members)

___ \$15.00 Support Our Troops Sponsor (Optional, includes recognition in our Directory)

TOTAL ENCLOSED: \$ _____ Check ___ Cash ___

PLACE A CHECK NEXT TO HOW YOU'D LIKE TO HELP YOUR CLUB.

Reporting on Legislation ___ Publicity/Media _____ Fundraising _____

Caring for America (Support the Troops) ___ Treasurer, Bookkeeping _____

Hospitality (check in & welcoming new members) _____

I can help where needed _____

Please complete this application & mail with your check made payable to ARW PAC Fund to our VP Membership:

Michele Carlquist
6303 Southern Hills Place
Austin, Texas 78746