

2023 MEMBERSHIP FORM

www.austinrepublicanwomen.org



NEW MEMBER: _____ OR RENEWING MEMBER: _____

NAME: _____ BIRTHDAY (MO/DAY): _____

ADDRESS: _____

CITY, STATE, ZIP: _____

E-MAIL: _____ PHONE: _____

SPOUSE'S NAME: _____

OCCUPATION: _____

If retired, please list former occupation: _____

_____ \$45. Active Member

_____ \$20. Associate Member. Only women with active membership in another club or men. If active member in another club, name of other club _____

_____ \$15. ARW Nametag (Optional)

_____ \$15. Support Our Troops Sponsor (Optional: Helps with troop packing supplies.)

_____ \$10. Directory Sponsor (Optional: Helps pay for directory)

_____ TOTAL

Please check where you have interest in volunteering:

_____ Hospitality

_____ Events

_____ Membership

_____ Legislation (calls/emails)

_____ Fundraising

_____ Troop Support

_____ Social Media

_____ Campaigns

List if you have another special interest: _____

District Numbers (on your voter card):

Senate District (State) _____ TX Rep _____ US Rep (CD) _____

School district _____ Precinct _____

Please complete and mail application with your check made payable to **ARW PAC** to:

Carmalene Churba, VP Membership
17937 Flagler Drive, Austin, TX 78738

Thank you for supporting ARW!