



2024 MEMBERSHIP FORM
austinrepublicanwomen.org

Please legibly complete all information below.

NEW MEMBER: _____ OR RENEWING MEMBER: _____

NAME _____ BIRTHDAY (MO/DAY) _____

ADDRESS _____

CITY, STATE, ZIP _____

E-MAIL _____ CELL PHONE _____ HOME PHONE _____

OCCUPATION _____ SENATE DISTRICT # _____
(If retired, state RETIRED and former occupation.) (Senate District # is on your Voter Registration.)

SPOUSE'S NAME _____ SPOUSE EMAIL (if Associate) _____

- \$45 PRIMARY MEMBERSHIP (You may be a PRIMARY member of only 1 Federated Women's Club)
\$20 ASSOCIATE MEMBERSHIP (Man, or a Woman who is PRIMARY member of another club. If PRIMARY member of another TFRW club, please provide club name)
\$15 ARW Nametag (Optional)
\$15 Support Our Troops Sponsor (Optional. Helps with troop packing supplies. Contribution recognized in directory.)
\$10 Directory Sponsor (Optional. Helps pay for directory. Contribution recognized in directory.)
TOTAL Check # _____ (Payable to ARW PAC) Cash Accepted at ARW Event \$ _____

PLEASE CHECK YOUR AREAS OF INTEREST TO VOLUNTEER:

- Hospitality Jewelry Sales
Membership Legislation (calls/emails)
Fundraising Caring for America/Troop Support
Social Media/Publicity Political Activities/Campaign Support
Education/Literacy/Scholarship Community Engagement
I can help where needed. Please provide areas of special interest to you:

If sending application by mail, please mail completed form and check made payable to ARW PAC to:
Denise Lackey
15608 Spillman Ranch Loop, Bee Cave, TX 78738

THANK YOU FOR SUPPORTING AUSTIN REPUBLICAN WOMEN!