



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** *(Men, 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 <i>(calls/emails)</i> |
| _____ 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:

Referred to ARW by: _____

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!