



By submitting this form, I acknowledge that I am a registered voter and I vote REPUBLICAN. Eligibility for membership does not guarantee, and one cannot assume, automatic grant of membership. I understand that Austin Republican Women (ARW) is a private organization and membership is subject to revocation if I do not comply with ARW Bylaws and Standing Rules. ____ (initials)

NEW MEMBER ____ or RENEWING MEMBER ____

IF RENEWING, AND PROFILE INFO IS THE SAME AS LAST YEAR, CHECK HERE (SKIP FIELDS AFTER NAME, UNTIL MEMBERSHIP LEVEL) ____

NAME _____ BIRTHDAY (MO/DY) _____

ADDRESS _____

CITY/STATE/ZIP CODE _____

EMAIL (required): _____

CELL PHONE (required): _____ HOME PHONE _____

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

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

____ \$45 PRIMARY MEMBERSHIP (You may be a PRIMARY member of only 1 Federated Women's Club)

____ \$20 ASSOCIATE MEMBERSHIP (Men or Women who are PRIMARY member of another club.

If PRIMARY member of another club, please provide club name _____

____ \$15 ARW Nametag (Optional)

____ \$15 Support Our Troops (Optional. Helps with troop packing supplies. Contribution recognized in directory.)

____ \$10 Directory Sponsor (Optional. Helps pay for annual directory. Contribution recognized in directory.)

KEEP TEXAS RED SPONSOR (optional)

\$100 "Remember the Alamo" / \$250 "Come and Take It" / \$500 "Never Surrender or Retreat"

\$1000 "Remember Goliad" / \$99 and below "Fight, Fight, Fight" / Other (Amt. Of your Choice)

\$____ Keep Texas Red Amt.

\$____ **TOTAL** Check #: _____ (Payable to ARW PAC) Cash Accepted at ARW Event: \$____

PLEASE CHECK YOUR AREAS OF INTEREST TO VOLUNTEER:

____ Hospitality

____ Jewelry Sales

____ Membership

____ Caring for America/Troop Support

____ Fundraising

____ Legislation

____ 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:

Geri Boyce
12 Sparrowglen Ln., The Hills, TX 78738