

MEMBERSHIP INQUIRY CARD



**Arizona Federation
of Republican Women**
Engaging and Empowering Women Since 1924

Name: _____

Address: _____

City, State, Zip: _____

Phone: _____

Email: _____

Are you a registered Republican? YES ___ NO ___

Signature: _____ Date: _____

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FOR AZFRW MEMBER ONLY

The contact listed on front of this card may be interested in learning more about AzFRW Membership. Please contact the prospective member ASAP.

Submitted by:	Date:
To AzFRW Club:	
E-mail:	
Phone:	

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