



## APA MEMBER FORM

<b>First Name:</b> _____	<b>Last Name:</b> _____
<b>Telegram ID:</b> _____	
<b>Address:</b> _____	<b>City:</b> _____
<b>Zip:</b> _____	<b>County:</b> _____
<b>Phone:</b> (_____) _____	
<b>Email:</b> _____	

**What issue(s) of concern is bringing you to the Arizona People's Assembly?**

**I'm interested in the following committees**

<input type="checkbox"/> IT & Security	<input type="checkbox"/> Family & Housing
<input type="checkbox"/> Law & Law Enforcement	<input type="checkbox"/> Educational Development
<input type="checkbox"/> Health & Wellness	<input type="checkbox"/> Project Management
<input type="checkbox"/> Legal Research	<input type="checkbox"/> Nature Preservation
<input type="checkbox"/> Health & Wellness	<input type="checkbox"/> Food Solutions & Gardening
<input type="checkbox"/> Science & Technologies	<input type="checkbox"/> Other: _____

**How did you hear about the AZ People's Assembly?** \_\_\_\_\_

**What other groups or assemblies are you or have you been associated with as a member or officer?**

\_\_\_\_\_

We will follow up with you to answer any additional questions

Thank you for your interest in helping to restore Arizona. Please complete this form and include a copy of your AZ driver's license/AZ state ID (front and back) and send to [secretary@AZPeoplesAssembly.org](mailto:secretary@AZPeoplesAssembly.org)