



Officer Membership Application, 2024 - 2026 Term

Name: _____

Please indicate the Giles County voting precinct in which you vote: _____

Street Address: _____

Phone: **Home:** _____ **Cell:** _____

Mailing Address (if different than Street Address): _____

Email Address: _____

I _____, **do hereby declare that I am a candidate for**

(Circle desired office below)

Chairman Vice-Chairman Treasurer Secretary

Of the Giles County Republican committee. I certify that I am a qualified and registered voter of Giles County. I also certify that I am in accord with the principles of the Republican Party, and that I intend to support the Republican Nominees in the November 2024 elections.

Signature: _____ **Date:** _____

By signing, I certify that the information contained in this application is true to the best of my knowledge. I also certify that I am in accord with the principles of the Republican Party and I intend to support Republican candidates in any election.

Fee

A non-refundable \$50.00 filing fee is required

\$ _____ *Paid by: Cash Check*

Occupation: _____ *Employer:* _____