



## Republican Party of Norfolk 2020 Membership Application/Renewal

**Campaign finance laws require that the information in red be completed in full. Please type or print:**

**Name:** \_\_\_\_\_

**Street Address:** \_\_\_\_\_

**City/Zip:** \_\_\_\_\_

**Home phone:** \_\_\_\_\_ **Cell phone:** \_\_\_\_\_

**Email:** \_\_\_\_\_

**Employer:** \_\_\_\_\_

**Occupation/Type of Business:** \_\_\_\_\_

**City and State of Employment:** \_\_\_\_\_

**Voting Location:** \_\_\_\_\_

By signing below, I agree to abide by the bylaws of the Republican Party of Norfolk and certify that all of the information given above is true, to the best of my knowledge.

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
(signature) (date)

Member (\$25.00)    Associate Member (\$25.00)

Student Member (\$15.00)

I wish to make an additional donation to support RPN: \$\_\_\_\_\_ enclosed.

**Please return this form with your check payable to “Republican Party of Norfolk” to:**

Republican Party of Norfolk  
P.O. Box 9236  
Norfolk, VA 23505