



Republican Party of Norfolk 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

Or, you can join or donate online at www.NorfolkGOP.org and click “dues”