

Republican Party of Norfolk 2025 Membership Application/Renewal

Campaign finance laws require that the information in red and with an * be completed in full. Please PRINT or type:

*Name:	
*Street Address:	
*City/Zip:	
Home phone: Cell phone:	
Email:	
*Employer:	
*Occupation/Type of Business:	
*City and State of Employment:	
Precinct/location where you vote regularly:	

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)

 \Box Member (\$36.00) \Box Associate Member (\$36.00)

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 may join or donate online at <u>www.NorfolkGOP.org</u>

(If you join online, the cost is \$38.00. This includes the charge to cover the fee that Anedot charges us to receive our deposits.)

Or you may bring you	r check or cash to the next business meeting on the 3 rd Thursday
of the month, at:	Norview Baptist Church
	1127 Norview Ave.
	Norfolk, VA 23513
	https://maps.app.goo.gl/y12jhrwtvdFcug3U9