



Richmond City Republican Party

Membership Application

Applicant Information

Full Name: _____ Date: _____
Last First M.I.

Address: _____
Street Address Apartment/Unit #

City State ZIP Code

Home Phone # _____ Cell # _____

Email Address _____

Please send all communications, including meeting notices and meeting calls, to me at my email address above. I do not wish to receive paper communications.

Dues: I understand that dues are **\$25** per year. Dues for **2018** must be paid on or before **November 30, 2018**. **Initial dues of \$25** for new members who apply after November 30, 2018 will be due upon application approval. I understand that dues paid to this or any other political party committee are considered to be political contributions that are governed by § 24.2-950.4 of the Code of Virginia. I also understand that I must be current on my dues in order to be eligible to vote on committee business.

Statement of Accord and Signature

REQUIRED REPUBLICAN MEMBERSHIP PLEDGE

I certify that I am a registered voter in Richmond City, Virginia, that I am in accord with the principles of the Republican Party as stated in the Republican Creed and that I intend to support the nominees of the Republican Party if elected to membership.

SIGNATURE _____ **DATE** _____

I WOULD LIKE TO PARTICIPATE IN THE FOLLOWING PARTY ACTIVITIES:

- Grassroots Organization Membership Fundraising/Finance Precinct Captain/Worker
- Publicity/Communications Events/Programs Letters to the Editor By-Laws/Rules
- Other (please specify) _____

Administrative Use Only

Voting Location: Ward _____ Precinct _____