

2025 PARTICIPANT REGISTRATION FORM

_____ County Convention Registration Information

Please complete information below

Please note that the name and title you give here will be printed on your badge and the participants' list.

1. Participants Information:

Precinct: _____ Voter ID #: _____ Date of Birth: _____

Legal Name: _____ Goes By: _____

Physical Address: _____

City: _____ State: GA Postal/Zip Code: _____

Mailing Address: _____

Telephone: _____ Cell Phone: _____

E-mail: _____

2. Participation in District and State Conventions

Please indicate by circling below if you are interested in participating in either District or State Conventions as a delegate or alternate.

District Convention *	Delegate	Alternate
State Convention *	Delegate	Alternate

*The cost of attending the District Convention is TBD. The cost for attending the State Convention is TBD. Attendees are responsible for all their travel and miscellaneous expenses.

Oath of Affirmation

Georgia Republican Party Rule 1.1 defines the qualifications for participation in party actions as "All electors who are in accord with the principles of the Republican Party, believe in its declaration of policy and are in agreement with its aims and purposes may participate as members of the Georgia Republican Party in it's conventions and /or caucus meetings."

I DO SWEAR OR AFFIRM THAT I AM IN ACCORD WITH THE PRINCIPLES OF THE REPUBLICAN PARTY, BELIEVE IN ITS DECLARATION OF POLICY AND AM IN AGREEMENT WITH ITS AIMS AND PURPOSES.

Date: _____/_____/_____

Signature: _____