



## District Convetnion Delegate Application (Pre-Filing Form), 2026

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Which Giles County Voting Precinct do you vote at? \_\_\_\_\_

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

\_\_\_\_\_

Mailing Address (mark "same" if same as above): \_\_\_\_\_

\_\_\_\_\_

E-Mail Address: \_\_\_\_\_

I, \_\_\_\_\_ (print name), do herby declare my candidacy to be a Delegate to the Ninth District Convention, representing Giles County. *By signing below, I certify that the information contained in this Application is true to the best of my knowledge. I also certify that I am in accord with the principles of the Republican Party and I intend to support Republican candidates in any election.*

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Filing Fee** – *There is a mandatory, non-refundable \$10.00 filing fee required:*

\$ \_\_\_\_\_ Paid by: Cash / Check (circle one)

Occupation: \_\_\_\_\_ Employer: \_\_\_\_\_

This *completed* Application and filing fee must be received by the Unit Committee at 116 Tazewell Street, Pearisburg, Virginia 24134 by \_\_\_\_\_.