



Rockingham County Republican Committee Membership Application

Please complete the following form and mail your check (payable to "Rockingham County Republican Committee") to: Rockingham County Republican Committee, P.O. 787, Harrisonburg, VA 22803

Name* _____ Precinct _____

Virginia Voter ID #: _____
(For # click on check voter registration status at <https://vote.elections.virginia.gov/VoterInformation>)

Residence Address* _____

City/Town _____ Zip Code _____

Mailing Address (if different) _____

Phone _____ Home Phone _____

E-mail _____

Occupation* _____

Employer* _____ Town/State of Employer* _____

Check box if retired

*Required by Federal or State Law

_____ Regular Membership (\$20) – Voting member (counts against quorum for meetings)

_____ Associate Membership (\$10) – Non-voting member

All legal and qualified voters, regardless of race, religion, color, national origin or sex, under the laws and ordinances of Rockingham County, the Commonwealth of Virginia, and the United States of America, who are in accord with the principles of the Republican Party and who express in open meeting, if requested, their intent to support all of its nominees for public office in the ensuing election, may participate as members of the Rockingham County Republican Committee in its Mass Meetings, Party Canvasses, Conventions, or Primaries in their respective Election Districts.

Signature _____ Date _____

Nominating Rockingham County Republican Committee Member, if any _____

www.rockinghamcovagop.com

Paid for and authorized by the Rockingham County Republican Committee