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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	<u>)</u> *	Precinct	
Virgi	nia Voter ID #:	tion status at https://vote.elections.virginia.gov/VoterInformation)	
(For #	t click on check voter registrat	ion status at https://vote.elections.virginia.gov/VoterInformation)	
Resid	ence Address*		
City/	Гоwn	Zip Code	
Maili	ng Address (if different)		
Phon	e	Home Phone	
E-ma	il		
Occuj	pation*		
Empl	oyer*	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 (\$1	10) – Non-voting member	
ordina accore suppo Rocki	ances of Rockingham County, d with the principles of the Re ort all of its nominees for publi	dless of race, religion, color, national origin or sex, under the laws and the Commonwealth of Virginia, and the United States of America, who publican Party and who express in open meeting, if requested, their inte ic office in the ensuing election, may participate as members of the ommittee in its Mass Meetings, Party Canvasses, Conventions, or Prima	ent to
Signa	ture	Date	
Nomi	nating Rockingham County R	epublican Committee Member, if any	

www.rockinghamcovagop.com

Paid for and authorized by the Rockingham County Republican Committee