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SPOTSYLVANIA COUNTY REPUBLICAN COMMITTEE

APPLICATION FOR MEMBERSHIP

I, _____, do hereby officially request membership on the Spotsylvania County Republican Committee.

I certify that I am a duly qualified and registered voter in Spotsylvania County, that I am a Republican, that I will support the Republican Party's candidates through the upcoming elections, and that the following person(s) are my sponsors from within the Committee

_____ .

I have enclosed my two-year membership dues of \$40 (or \$20 for one year) *by check made out to the "Spotsylvania County Republican Committee"*, and I pledge to attend Committee meetings and events and will actively work in my voting precinct/district to support the Republican Committee's efforts and its GOP candidates.

I understand that should I miss three consecutive committee meetings (in person or by lack of proxy), fail to pay my annual dues, and/or lose my Spotsylvania County voting status, I may automatically lose my rights as a voting member of the Committee and/or be dropped from the Committee's membership roles.

(Signature)

(Date)

Spotsylvania Voting Precinct _____ (if not known, please check your voter ID card or contact the Spotsylvania County Registrar's Office at **(540) 507-7380**).

Mailing Address: _____

Phone: _____ Fax: _____ Email: _____

Membership Approved (signed/dated by unit officer) _____ .