



**Stafford County Republican Committee 2018-2019  
Membership Application Form**

I, [name by which you are registered to vote] \_\_\_\_\_  
do hereby officially request membership in the Stafford County Republican Committee  
("SCRC") as a member within the \_\_\_\_\_ magisterial district. I certify  
that I am a legal and qualified voter of Stafford County under the laws of the  
Commonwealth of Virginia, and that I am in accord with the principles of the Republican  
Party. I presently intend to support all of the nominees of the Republican Party in the  
2018 and 2019 elections.

In addition, I certify that I have not participated in the nomination process of a party  
other than the Republican Party in the last 5 years.<sup>1</sup> I have enclosed my annual dues  
payment of \$40 to the SCRC, along with the information required by Virginia campaign  
finance law.

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Signature

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Voting Address

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Mailing Address (if different)

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Home Phone

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Cell Phone

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Email

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Occupation

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Employer

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City/State of Employer

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<sup>1</sup> A single exception to this clause shall be approved for a voter who renounces any affiliation with another political Party in writing. Any voter that utilizes this exception and subsequently participates in the nomination process of another political party shall not have benefit of this exception thereafter.