

Stafford GOP

Stafford County Republican Committee 2019-2020 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
2019 and 2020 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. I have enclosed my annual dues
payment of \$40 to the SCRC, along with the information required by Virginia campaign
finance law.

Signature

Voting Address

Mailing Address (if different)

Home Phone

Cell Phone

Email

Occupation

Employer

City/State of Employer