



**Stafford County Republican Committee 2020-2021
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
upcoming 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.¹ 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

¹ 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.