



4246 Chain Bridge Road
Fairfax, Virginia 22030

Matt Ames, Chairman

703-766-4467
Info@FairfaxGOP.org

MEMBERSHIP APPLICATION

I, _____, a registered voter in _____ Magisterial District,
_____ Precinct, do hereby officially request to be a voting member of the Fairfax County
Republican Committee (FCRC).

_____ Attached is a \$50 check or money order for a voting membership ending in March, 2018.

_____ Attached is a \$50 credit card contribution form for a voting membership ending in March, 2018.

_____ I've also enclosed a voluntary contribution to the Committee.

_____ **TOTAL ENCLOSED \$** _____

(Please make checks payable to "FCRC". To pay by credit card, see reverse side.)

By my signature, I pledge to support all Republican nominees in all elections through March, 2018 and agree to the below terms.

I further understand that it will be my responsibility to attend scheduled County Committee meetings called by the Chairman of the Fairfax County Republican Committee. Should I miss three consecutive meetings, I understand that I will become a non-voting member of the FCRC.

My duties as a member of the County committee include actively working in my precinct, identifying Republican voters, and encouraging them to get out the vote. (Article II, Subsection E(2) of the County Party Plan of Organization.)

Signature: _____ **Date:** _____

(*Required)

Name*: _____

Address*: _____

City*: _____, VA ZIP Code*: _____

(Election Law requires us to ask for Occupation and Employer)

Employer*: _____

Occupation*: _____

COMPLETE IF KNOWN:
Congressional District: ____ 8 th ____ 10 th ____ 11 th
VA Senate District: _____
House of Delegates District: _____

Phone Number: (____) _____ Email: _____

<i>To be filled out by Executive Director:</i> Signature: _____ Date Received: _____
Submitted with \$ _____ Nominated: _____ Vote: _____ Member Effective: _____