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# FAIRFAX COUNTY REPUBLICAN COMMITTEE

4246 Chain Bridge Road  
Fairfax, Virginia 22030

703-766-4467

## MEMBERSHIP APPLICATION

I, \_\_\_\_\_, a registered voter in \_\_\_\_\_ Precinct,  
in \_\_\_\_\_ Magisterial District, 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 2017

\_\_\_\_\_ Attached is a \$50 credit card contribution form for a voting membership ending in March  
2017

\_\_\_\_\_ I've also enclosed a voluntary contribution to the Committee

\_\_\_\_\_ **TOTAL ENCLOSED \$** \_\_\_\_\_

(Please make checks payable to "FCRC". To pay by credit card, pay online at [www.fairfaxgop.org](http://www.fairfaxgop.org), or fill  
out a pay slip. Please note that we shred the pay slips after the transaction has been processed.)

By my signature, I pledge to support all Republican nominees in all elections through March  
2017, 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 & Employer)

Employer\*: \_\_\_\_\_

Occupation\*: \_\_\_\_\_

Phone Number: (\_\_\_\_\_) \_\_\_\_\_ Email: \_\_\_\_\_

### COMPLETE IF KNOWN:

Congressional District:  
\_\_\_\_\_ 8<sup>th</sup> \_\_\_\_\_ 10<sup>th</sup> \_\_\_\_\_ 11<sup>th</sup>

VA Senate District: \_\_\_\_\_

House of Delegates District: \_\_\_\_\_

To be filled out by Executive Director: Signature: \_\_\_\_\_ Date Received: \_\_\_\_\_

Submitted with \$ \_\_\_\_\_ Nominated: \_\_\_\_\_ Vote: \_\_\_\_\_ Member Effective: \_\_\_\_\_