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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 2019

_____ Attached is a \$50 credit card contribution form for a voting membership ending in March
2019

_____ 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, 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
2019, 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:
_____ 8th _____ 10th _____ 11th

VA Senate District: _____

House of Delegates District: _____

To be filled out by Executive Director: Signature: _____ Date Received: _____

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