



**HALIFAX COUNTY
REPUBLICAN COMMITTEE
MEMBERSHIP APPLICATION**

Name

First: _____ Middle Initial: _____ Last: _____

Address

Physical Street Address: _____

Mailing Address (if different): _____

City: _____ State: Virginia Zip Code: _____

Contact Information

Phone Number: _____ Cell Number: _____

E-Mail Address: _____

Precinct Information

Which county district are you in? _____

Which polling place do you vote at? _____

As a committee member, a higher degree of loyalty to the Republican Party will be expected from you than the average Republican voter and as a member you will not oppose any nominee of the Republican Party at any level of government and you are not allowed to participate in any nominating process of any political party other than the Republican Party. By signing below, I certify that my beliefs are in line with the Republican Party of Virginia's Creed and that I will support all nominees of the Republican Party.

Signature: _____

Dues of \$10.00 per year will be requested to support the party during a Committee Member's two-year term.