



HALIFAX COUNTY REPUBLICAN COMMITTEE 2020 PRE-FILE FORM

Full Legal 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? _____

Pre-Filing to seek election for

- Committee Membership
- Chairman (Non-refundable filing fee of \$250.00 must be received with this form by the filing-deadline. Filing fee must be paid via check made payable to the Halifax County Republican Committee. Pre-file forms received without the filing fee shall be rejected, as will filing fees received not accompanied by the applicable pre-file form.)

I certify below that all information above is true and will match my voter registration information.

Signature: _____

Non-refundable membership dues of \$10.00 per year are applicable to all committee members. Payment of dues does not excuse members from any other requirements of continued membership as laid out in the Republican Party of Virginia's State Party Plan.