



***HALIFAX COUNTY***  
***REPUBLICAN COMMITTEE***  
**2020 STATE CONVENTION PRE-FILE**

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

**Certification**

I hereby declare my intent to seek election as a delegate to the 2020 Republican Party of Virginia State Convention, and I also certify that the above information is true.

Signature: \_\_\_\_\_

**Delegate Registration Fee**

To assist the operations of the Republican Party of Virginia in supporting unit mass meetings and conventions, and the administration of the state Convention, a Delegate Registration Fee of Thirty-Five Dollars (\$35.00) is requested of each person standing for election as a delegate or alternate delegate to the state Convention. Any delegate who fails to pay the registration fee may participate only in the Presidential Preference Poll.

My voluntary fee of \$35.00 is included.