

**Office Use Only**

**Received on:\_\_\_\_\_\_\_\_**

**Amt. Pd.\_\_\_\_\_\_\_\_\_\_\_**

**Check No.\_\_\_\_\_\_\_\_\_\_**

**Membership Approved\_\_\_\_\_\_\_\_\_\_\_**

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address (No PO Box): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

City, State & ZIP: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Home Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Cell Phone \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

E-mail: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Please check the appropriate box that fits your applicant status:

|  |  |  |  |
| --- | --- | --- | --- |
| |  |  | | --- | --- | | **\_\_\_ $20.00 Full Membership Status**   * **Pittsylvania County Resident** * **Full Voting Rights**   **\_\_\_\_ New Member \_\_\_\_ Renewal**  **\_\_\_\_ Precinct Membership \_\_\_\_ At-Large Membership** | **\_\_\_ $5.00 Associate Member**   * **Non-County Resident** * **No Voting Privileges** | |  |
|  |  |

I certify that I am a legal and qualified voter of Pittsylvania County under the laws of the Commonwealth of Virginia, am in accord with the principles of the Republican Party of Virginia and, if requested, will express in open meeting either orally or in writing, my intent to support all Republican nominees for public office in the ensuing elections. With full membership status, I understand that pursuant to Article VII, Section C of the Republican Party Plan of Virginia, that I shall be deemed to have resigned from the Pittsylvania County Republican Committee if I make a reportable contribution to and/or allow my name to be publicly used by and/or make a written or other public statement in support of a candidate in opposition to a Republican nominee in a Virginia General or Special Election. I further understand that pursuant to Article VII, Section D, I will automatically lose my membership status with the Pittsylvania County Republican Committee if I am absent for three (3) consecutive meetings without representation by a person holding a proxy.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature

I would also like to make an additional donation to help elect Republican candidates. Please find enclosed a check in the amount of $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_.

*Make checks payable to:* ***Pittsylvania County Republican Committee***

*Please return this application and check to:*

Tinker Burkhardt, Treasurer

Pittsylvania County Republican Committee

220 Laurel Lane

Hurt, VA 24563

Paid for and authorized by the Pittsylvania County Republican Committee

Will Pace, Chair – 804-694-6143 or pittsylvaniagop@gmail.com