

**Precinct Membership Application, 2024-2026Term**

I, the undersigned, a duly registered voter of Giles County, Virginia, do hereby petition for membership as a voting Precinct Member of the Giles County Republican Committee. I understand my application must be reviewed and approved by the membership of the Giles County Republican Committee. Membership continues until the next mass meeting, Party canvass, convention, or primary called for the purpose of electing delegates to the Biennial District Convention.

**Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Please indicate the Giles Co. voting precinct in which you vote (e.g., Pearisburg): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Street Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

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

**Mailing Address (if different than Street Address): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Email Address:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Please indicate which form of communication you would like to receive future Meeting Notices:**

** By Email  By First-Class Mail**

**Dues:**

Each member of the Unit Committee shall be responsible for the payment of dues in the amount of **ten dollars** ($10.00). Payment of dues shall be made no later than the thirtieth (30th) day following election to the Unit Committee. Members shall pay the full amount if enrolling at any time during the first twelve (12) months of the Committee’s two (2) year term, or half the full amount if enrolling during the last twelve (12) months of the term. Said contributions are non-refundable. Please provide occupation and employer information, as the Giles County Republican Committee may be required to report such information to the Virginia Department of Election in the future.

**$\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Paid by:  Cash  Check**

**Occupation: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Employer: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

*By signing, I certify that the information contained in this application is true to the best of my knowledge. I also certify that I am in accord with the principles of the Republican Party and I intend to support Republican candidates in any election.*

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| **\*\*\*For Giles County Republican Committee Use Only\*\*\*** |
| Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Application: **https://retortfromareveller.files.wordpress.com/2014/04/blank-square.jpg** Approved **https://retortfromareveller.files.wordpress.com/2014/04/blank-square.jpg** Denied |
| Elected Precinct Member for Giles County Voting Precinct: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Further Committee Explanatin: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

