

MEMBERSHIP APPLICATION



Please print or type all required information. Application must be completed fully.

Full Name: _____
(Last) (First) (M.I.)

Residential Address: _____

(City) (State) (Zip)

Congressional District: _____ City Council Ward: _____ Voting Precinct: _____

Telephone (please circle preferred): H - _____ W - _____ C - _____

E-Mail Address (most updates are by e-mail): _____

*Occupation: _____ *Employer: _____

[NOTE: Required by state law for financial reporting purposes.]

Annual dues: Please make check payable to the "City of Richmond Republican Committee". If you would like to make an additional contribution, please use a separate check. All membership terms run until the July meeting of the following calendar year.

Individual: _____ \$30.00

Associate/non-voting Member (non-city residents): _____ \$15.00

PLEASE CHECK all activities you'd like to help our Committee with:

Public Recruiting (i.e. working Committee tables/booths at city events): _____

Pollworking: _____ Precinct Organization: _____

Phonebanking (for candidates and/or for committee events): _____

Fundraising: _____ Event planning: _____

I hereby certify that I (am ___ / am not ___) a registered voter in the City of Richmond, Virginia.

(Signature)

(Date)

Please mail all completed applications to Cortland Putbrese, Chairman, City of Richmond Republican Committee, P.O. Box 17004, Richmond, VA 23226. Thank you!