



Republican Party of Washington County

1060 W Main St, Suite 10, P.O. Box 2122 Abingdon, Virginia 24212

www.washcovagop.com www.facebook.com/WashCoVAGOP

Application for Membership (New or Yearly Renewal)

Dates are Official Use Only	
Date Nominated	
Date Elected	
Date Dues Paid	
Precinct	
House District	
Senate District	40

PLEASE PRINT

Date: ____ / ____ / 2020

Name _____

Address _____ Apt./Unit # _____

City _____ State Virginia ZIP Code: _____

Phone # (____) ____ - ____ Cell # (____) ____ - ____ Work # (____) ____ - ____

Email Address: _____

Employer: _____ Occupation: _____

Please indicate which activities interest you:

- | | | |
|---|---|---|
| <input type="checkbox"/> Phone Banks | <input type="checkbox"/> Computer Operations | <input type="checkbox"/> Candidate Development |
| <input type="checkbox"/> Literature Drops | <input type="checkbox"/> Fundraising | <input type="checkbox"/> Membership Recruitment |
| <input type="checkbox"/> Event Organization | <input type="checkbox"/> Newsletter Publication | <input type="checkbox"/> Precinct Organization |
| <input type="checkbox"/> Other: _____ | | |

I (name) _____ am in accord with the principles of the Republican Party as stated in the Virginia Republican creed:

- That the free enterprise system is the most productive supplier of human needs and economic justice
- That all individuals are entitled to equal rights, justice, and opportunities and should assume their responsibilities as citizens in a free society
- That fiscal responsibility and budgetary restraints must be exercised at all levels of government
- That the Federal Government must preserve individual liberty by observing constitutional limitations
- That peace is best preserved through a strong national defense
- That faith in God, as recognized by our Founding Fathers, is essential to the moral fiber of the Nation

And will support all endorsed and nominated Republican candidates during my term of membership.

I also will abide by the rules and bylaws of the Republican Party of Virginia and the Republican Party of Washington County (RPWC).

I authorize RPWC to send me Calls to Meeting and other official correspondence by e-mail at the address above.

[Strike out if you are not willing to receive such notification and correspondence by e-mail.]

And, I acknowledge that I must be present when my nomination for membership is voted upon and that my term of election will expire at the next mass meeting, Party Canvass Convention, or Primary called for the purpose of electing delegates to the Biennial District Convention.

Membership Qualifications: (SEE Washington County Plan of Organization Current Version July 2016)

1. Refer to Article IV – Participation in Party Actions
2. Refer to Article VI - Dues

As a member of the County Committee and the Republican Party, I agree to abide by the Bylaws of this Organization.

Signature _____

Date Signed _____ / ____ / 2020

Type of Membership: Sustaining Member: \$25 _____ Associate Member: \$10 _____