



# Republican Committee Wythe County, Virginia

## MEMBERSHIP APPLICATION

Last Name: \_\_\_\_\_ Voter Registration Number: \_\_\_\_\_

First Name: \_\_\_\_\_ Precinct: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

Email: \_\_\_\_\_

Telephone: \_\_\_\_\_

Voluntary Membership Fee: \$10.00 (Due each January.)

I hereby affirm that I am a Republican. I further affirm that I am a legal and qualified voter in accordance with the Code of Virginia, 1950, as amended. I affirm that I am in accordance with and hereby support the principles of the Republican Party, and I will support the Republican Party and its candidates in upcoming elections.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date