

Application for Membership

I _____, hereby apply for Associate Membership in the Fauquier County Republican Committee.

Associate Membership.....fee \$15.00

Attached is my check for \$_____ (Please make your check payable to the Fauquier County Republican Committee)

I hereby certify that I am a legally registered and qualified voter of the _____ Precinct in the County of Fauquier. I am in accord with the principles of the Republican Party and I give my honor bound promise to support the Republican nominees in the ensuing elections.

(Signature of Candidate for membership)

(Date)

NAME _____ PHONE(S) _____

ADDRESS _____

E-mail Address _____

This application *must* be filed with the Fauquier County Republican Committee, P.O. Box 925, Warrenton, VA 20188, with all applicable fees and signatures.