

**THE FREDERICKSBURG REPUBLICAN COMMITTEE MEMBERSHIP FORM**

( ) Yes, I would like to become a member of the Fredericksburg Republican Committee.

( ) My signature below attests that I am a registered voter in the City of Fredericksburg, a person of good character and that I hold beliefs consistent with those espoused by the Republican Party of Virginia.

I have enclosed a check or money order in the amount of:

( ) $20.00 For a one year membership

I herewith express my intent to support all of the Republican Party of Virginia nominees for public office in any ensuing election of the 2018 to 2020 cycle and attest that I have not participated in Virginia in the nomination process of a party other than the Republican Party in the last five years.

Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_

PLEASE PRINT THE FOLLOWING INFORMATION;

Full Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Mailing address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Email \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_