

Stafford County Republican Committee 2022-2023 Membership Application Form

I, [name by which you are registered	ed to vote]		
	ership in the Stafford County Republican Committee		
("SCRC") as a member within the magisterial district. I certify that I am a legal and qualified voter of Stafford County under the laws of the Commonwealth of Virginia, and that I am in accord with the principles of the Republican			
		G	t all of the nominees of the Republican Party in the
upcoming elections.			
In addition, I certify that I have not participated in the nomination process of a party other than the Republican Party in the last 5 years. ¹ I have enclosed my annual dues payment of \$40 to the SCRC, along with the information required by Virginia campaign			
		finance law.	
Signature			
Voting Address	Mailing Address (if different)		
Home Phone	Cell Phone		
 Email	Occupation		
	Cocapation		
	0:/ /0/ /		
Employer	City/State of Employer		

¹ A single exception to this clause shall be approved for a voter who renounces any affiliation with another political Party in writing. Any voter that utilizes this exception and subsequently participates in the nomination process of another political party shall not have benefit of this exception thereafter.