



HANOVER COUNTY REPUBLICAN COMMITTEE MEMBERSHIP APPLICATION

Please fill in this application and contact the corresponding Magisterial District Chairman for your voting district. All Committee members must be elected into membership and re-elected in even numbered years. Any application not received at least 14 days prior to the monthly meeting will not be voted on until the next scheduled meeting. You can check our meeting schedule at hanovergop.com (If you do not want to be a voting member or required to attend meetings, you may join as an associate member and pay no annual dues).

(PLEASE PRINT)

SPONSOR: _____
Committee Member

NAME LAST: _____ FIRST: _____ MI: _____

ADDRESS STREET: _____

CITY: _____ STATE: _____ ZIP CODE: _____

TELEPHONE: (H) _____ (W) _____ (C) _____

E-MAIL: _____

As Required by the State Board of Elections:

EMPLOYER NAME: _____ OCCUPATION: _____

LOCATION: _____
(Business Name, City/County, State)

If you have questions, please contact your Magisterial District Chair
To find your Magisterial District Chair, go to website at <https://www.hanovergop.com/contact-info/>.

I certify that I am a qualified and registered voter in Hanover County, Virginia. I am in accord with the principles of the Republican Party and intend to support the Republican nominees for public office in the next election.

SIGNATURE: _____ DATE: _____

Regular membership dues are \$35.00 annually, payable when elected and again the following year before April 1st. Young Republican annual dues are \$5.00.

Please make checks payable to Hanover Republican Committee or HCRC

Please mail this application, with your payment, to:

**HCRC Treasurer
PO Box 6617
Glen Allen, VA 23058**

Please do not write in the box below (HCRC Treasurer's use only):

Date ____/____/20____ Paid: \$ _____ Check # _____ / Cash ____ Voted into membership: ____/____/20____