

NOTTOWAY COUNTY REPUBLICAN COMMITTEE

Application for Membership

NAME:

ADDRESS:

EMAIL:

TELEPHONE:

DATE:

By submitting this form, and signing below, I do hereby affirm that I am a registered voter in Nottoway County and that I am in accord with the Principles of the Republican Party as outlined in the Qualification for Participation in Article I of the Virginia State Party Plan of Organization.

Signature : _____ Date: _____