

APPOMATTOX COUNTY REPUBLICAN COMMITTEE

Application for Membership



Year _____

Membership Type (circle one) Individual \$25 Student \$10

Name _____

Email Address _____

Phone Number _____

Address _____

Voting District _____ Voting Precinct _____

With this application, I hereby declare that (please INITIAL each line):

- I am a registered, legally qualified voter in the County of Appomattox _____
- I am in accord with the principles of the Republican Party. _____
- I will support all Republican nominees in the general election. _____

I hereby understand the responsibility of membership: (Section 4 of the ACRC Bylaws)

- A. It shall be the responsibility of each Committee member to attend all meetings of the Committee, to the best of their ability, and be informed with respect to all issues on which the Party should take a position. The absence of a Committee member at three (3) consecutive quarterly meetings will automatically terminate his or her membership. The Committee Secretary shall notify the member in writing within ten (10) business days of the member's forfeited membership.
- B. A member shall automatically forfeit his or her Committee membership upon moving his domicile from Appomattox County even though he or she might not have yet transferred voting residency. Notice of change of residence shall be immediately given to the Chairman.
- C. A member will forfeit his or her Committee membership, through the removal process specified in the State Party Plan, if he or she no longer meets the membership qualifications in Article III, Section 1.
- D. Upon forfeiture of membership as described herein, a prior member may reapply as if applying as a New Member, pursuant to Section 3 herein.

Date _____ Signature _____

Payment Cash Check Membership approved _____

Mail Application to: Appomattox County Republican Committee, PO Box 374 Appomattox VA 24522