



REPUBLICAN PARTY OF PINELLAS COUNTY

APPLICATION FOR EXECUTIVE COMMITTEE MEMBERSHIP

Name (Please Print) _____ Date _____

Address _____
(Physical Address - Include Apt., Lot)

(City/State) (Zip Code) Precinct # _____
District # _____

Phone(H) _____ (W) _____ (C) _____ E-Mail Address _____

Mailing Address(if different from above) _____

Voter ID # _____ Marital Status _____ Male _____ Female _____

Place of Birth(City) _____ (County) _____ (State) _____

Age Group (Check one) 18-35 _____ 36-55 _____ 56-65 _____ Over 65 _____

Registered Republican? Yes/No _____ Own Transportation? Yes/No _____

Have you ever been convicted of a felony, or been declared mentally incompetent in this or any other state?
Yes/No _____

If selected, will you be able to fulfill the duties of a precinct committee member and attend the monthly meetings of the PINELLAS COUNTY REPUBLICAN EXECUTIVE COMMITTEE? Yes/No _____

NOTE: OATH MUST BE COMPLETED BEFORE BECOMING A MEMBER

State of Florida, County of Pinellas

I, _____, hereby swear and affirm that during my term of office I will not actively, publicly, or financially support the election of any candidate other than the Republican candidate in a partisan unitary, general or special election, or a Registered Republican in non-partisan elections, other than Judicial races governed under Florida Statute 105, if there is a registered Republican running for the same office, unless the county executive has taken an affirmative vote to endorse one Republican over another per Rule 8(B). I further swear and affirm that I will not engage in activities or conduct that may be deemed by the Grievance Committee and affirmed by the RPOF Chairman as likely to injure the name of the Republican Party or interfere with the activities of the Republican Party.

Witness(Please Print)

Signature of Applicant

Signature of Witness

Sponsored by: _____ Phone: _____
(Signature of active party member)

Approved by Membership Chairman _____

Approved by County Chairman _____

PLEASE COMPLETE BACK

REFERENCES

Name **Address** **Phone**

1. _____

2. _____

3. _____

PARTY ACTIVITIES

Date **Activity**

ALL OTHER CIVIC AND FRATERNAL ACTIVITIES

Date **Activity**

ACTIVITIES YOU ARE WILLING TO PARTICIPATE IN ON BEHALF OF THE PARTY

_____**Help in the Office**

_____**Make Phone Calls**

_____**Door to Door**

_____**Attend Rallies**

_____**Give Rides to Polls**

_____**Serve on Committees**

Help us find other Committee Members. Name: _____

Address: _____ **Phone** _____