

To: LCRC Prospective Member
From: Chairman, LCRC

Please complete the following information and return this form with your \$30.00 dues check. Make check payable to the *Loudoun County Republican Committee*. In accordance with our Party Plan, in order to keep your membership current, no more than three (3) consecutive monthly meetings may be missed.

Please complete the following information. Please type or print. Please mail application form to:
LCRC
P.O. Box 547
Leesburg, VA 20178

Name: _____

Address: _____

Town: _____ Zip Code: _____

Home Phone: _____ Work Phone: _____

Email Address: _____

Precinct: _____

For voter identification purposes:

Social Security Number: _____ (optional)

Required By State Law:

Occupation: _____ Employer: _____

Town/State of Employer: _____

All legal and qualified voters, regardless of race, religion, color, national origin or sex, under the laws and ordinances of Loudoun County, the Commonwealth of Virginia and the United States of America, who are in accord with the principles of the Republican Party and who express in open meeting, if requested, their intent to support all of its nominees for public office in the ensuing election, may participate as members of the Republican Party of Loudoun County, Virginia in its Mass Meetings, Party Canvasses, Conventions, or Primaries in their respective Election Districts.

Signature: _____ Date: _____

Nominating Committee Member: _____