



FREDERICK COUNTY REPUBLICAN COMMITTEE

MEMBERSHIP APPLICATION

Name _____

Address _____

City _____, VA Zip Code _____

Email _____

Phone (H) _____ (C) _____

Occupation: _____ (Can be Retired)

Magisterial District _____ Precinct _____

For info call Registrar 540-665-5660 (or) [Virginia Voter Information – Citizen Portal](#)

Statement of Intent:

I affirm that:

- I am a qualified voter under the laws of Virginia residing in Frederick County, Virginia,
- I am in accord with the principles of the Republican Party and
- As a Member of the FCRC or Associate Member, I intend to support the nominees of the Republican Party in all elections.

Voting Member – Voting rights with attendance requirements \$35.00 per year

Associate Member - Associate Members do not have voting rights or attendance requirements \$35.00 per year

By my signature I affirm that I have read the Membership Information and Statement of Intent.

Signature _____ Date _____

Annual dues for FY 2023-24 are \$35.00 per member, payable by May 1, make payable to the **FCRC**.

Paid for and authorized by the Frederick County Republican Committee