

MEMBERSHIP APPLICATION

THE CITY OF MANASSAS REPUBLICAN COMMITTEE

PLEASE PROVIDE THE FOLLOWING INFORMATION (PRINT OR TYPE)

MR.
MS.
MRS.
MISS

LAST NAME FIRST NAME MIDDLE INITIAL

ADDRESS CITY ZIP CODE

EMAIL: _____

HOME PHONE: _____

PRECINCT (PLACE YOU VOTE): _____

THE FEE FOR A TWO YEAR MEMBERSHIP IS \$20.00, DUE AT THE TIME OF THE APPLICATION APPROVAL. (2010-2011)

PLEASE MAKE YOUR CHECK PAYABLE TO THE CITY OF MANASSAS REPUBLICAN COMMITTEE AND ATTACH IT TO THE APPLICATION. YOU MAY MAIL IT TO:

9300 Grant Avenue, Suite 200, Manassas, VA 20110

PLEASE THE READ THE ATTACHED MEMBERSHIP INFORMATION REGARDING PARTY PLAN AND BY-LAWS BEFORE SIGNING THIS FORM.

I HAVE READ THE PORTION OF THE PARTY PLAN REGARDING MEMBERSHIP AND APPLY TO BE A MEMBER WITHOUT RESERVATION.

SIGNATURE

DATE OF APPLICATION

APPROVED: _____

SPONSOR

AMOUNT RECEIVED _____