



The City of Manassas Republican Committee



APPLICATION FOR MEMBERSHIP

PLEASE PROVIDE THE FOLLOWING INFORMATION (PRINT OR TYPE)

Title	First Name*	Middle Initial or Name*	Last Name*	Suffix*
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Home Address*	Voting Precinct* (Location you vote)
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City*	State*	ZIP*	Social Security Number* (last 4 digits)
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E-mail: _____

Telephone Phone: _____

The fee for the biennium membership (two year) is \$20.00, due at the time of the application approval. (2016-2017)

Please the read the attached information regarding membership in the party plan and by-laws before signing this form.

I have read the membership qualifications of the party plan and by-laws, and I'm applying for membership in The City of Manassas Republican Committee without reservation.

SIGNATURE

DATE OF APPLICATION

Please make your check payable to **The City Of Manassas Republican Committee** and attach it to the application. You may bring your completed application and membership fees to a Committee meeting or mail to the following address, Attn: Membership

Mailing Address: The City of Manassas Republican Committee,
8665 Sudley Road #224
Manassas, VA 20110

Elected on: ___/___/___	Paid: \$ _____ on ___/___/___
by <input type="checkbox"/> Cash or <input type="checkbox"/> Check # _____	Dated: ___/___/___
Sponsor: _____	