



LCRC MEMBERSHIP APPLICATION

Building a stronger Republican Party in Loudoun County

Please complete the following information and return this form with your check.

Please complete the following information (print) and mail to:

LCRC ♦ P.O. Box 547 ♦ Leesburg, VA 20178

Name: _____	Precinct: _____
Address _____	
Town: _____	Zip Code _____
Home Phone: _____	Work Phone: _____
Email Address: _____ (optional)	
For voter identification purposes: Social Security Number: _____	
*Required By State Law: *Occupation: _____	
*Employer: _____ *Town/State of Employer: _____	
Name for LCRC Name Tag (as you'd like it to appear): _____	

Dues: (check which membership you are applying for)	
Regular Membership (\$30) _____ *Must meet attendance requirements	Associate Membership (\$15) _____ *Non-voting member
Donation (Optional-to help elect Republican candidates) +	\$ _____
Total (payable to Loudoun County Republican Committee) = \$ _____	

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 LCRC Member: (optional) _____

703-627-5272 | www.LoudounGOP.com