



# Loudoun County Republican Committee MEMBERSHIP APPLICATION

Please complete this form and mail with your check (payable to "LCRC") to: LCRC · P.O. Box 547 · Leesburg, VA 20178



Scan here to pay  
dues online.

(Please print clearly)

Full Legal Name \_\_\_\_\_  
(include middle initial & suffix if applicable)

Street Address \_\_\_\_\_

Town/City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Home Phone \_\_\_\_\_ Mobile \_\_\_\_\_

E-mail \_\_\_\_\_

Social Security Number \_\_\_\_\_  
(Optional. For voter identification purposes.)

Occupation\* \_\_\_\_\_ CHECK BOX If You Want Information Shared with Others:

Employer\* \_\_\_\_\_ Town/State of Employer\* \_\_\_\_\_

\* The LCRC is required by State Law to collect this information

|   |          |
|---|----------|
| Dues (Check which membership you are applying for)  | \$ _____ |
| ___ Regular Membership (\$50) - Must meet attendance requirements                         |          |
| ___ Associate Membership (\$25) - Non-voting member                                       |          |
| Donation (Optional - to help elect Republican candidates)                                 | \$ _____ |
| Total (make check payable to "LCRC" or check box if paid online) <input type="checkbox"/> | \$ _____ |

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.

### Renunciation Statement

I understand that if I have participated in the nomination process of a party other than the Republican Party within the last five years, I must renounce my previous affiliation with any other political party and declare that I am in accord with the principles of the Republican Party. I further declare that it is my intent to support the nominees of the Republican Party in the future.

Signature \_\_\_\_\_ Date \_\_\_\_\_

**For LCRC Use Only:** Date Dues Paid \_\_\_\_\_ Cash \_\_\_\_\_ Check \_\_\_\_\_ Online \_\_\_\_\_