



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* _____

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 (\$30) - Must meet attendance requirements
____ Associate Membership (\$15) - Non-voting member

Donation (Optional - to help elect Republican candidates) \$ _____

Total (make check payable to "LCRC" or check box if paid online) \$ _____

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)

For LCRC Use Only: Date Dues Paid _____ Cash _____ Check _____ Online _____