



**2024
Harrisonburg City Republican Committee
MEMBERSHIP APPLICATION**

*Please complete this form and mail with your check payable to:
Harrisonburg City Republican Committee
P.O. Box 44, Harrisonburg, VA 22803
Ph. 540-271-0055*

Full Legal Name	Last	First	Middle	Suffix
Previous Legal Name	Last	First	Middle	Suffix
Address	Street: City:		Zip:	
Preferred Phone No.			<input type="checkbox"/> Mobile	<input type="checkbox"/> Landline
Email*	*No government or public employee emails			
SSN	Optional for Voter ID		<input type="checkbox"/> Check if Registered Voter	
Occupation				
Employer - Required by law	Town/State			
Dues	<input type="checkbox"/> Regular Membership \$30 <i>Must be a city resident</i>	<input type="checkbox"/> Non-Voting Associate Membership \$15	<input type="checkbox"/> Student Membership \$15	
Donation*	Amount \$	*Optional to help our efforts to elect Republican candidates		
Total	Amount \$	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 the City of Harrisonburg, 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 elections, may participate as members of the City of Harrisonburg Republican Committee in its Committee Meetings, Mass Meetings, Party Canvasses, Conventions or Primaries in the City of Harrisonburg.

Signature	Date					
How did you hear about us?	<input type="checkbox"/> Friend/Associate (Name) _____ <input type="checkbox"/> Website <input type="checkbox"/> Facebook <input type="checkbox"/> Flyer (where?) _____ or <input type="checkbox"/> Business Card (where?) _____ <input type="checkbox"/> Other					
For HCRC Use Only	Date Paid	<input type="checkbox"/> Cash	<input type="checkbox"/> Online	<input type="checkbox"/> Check	Check No	Precinct
Member ID Verified <input type="checkbox"/>	Date:	Initials:				

