



APPLICATION FOR MEMBERSHIP
Charlotte County Republican Executive Committee
P.O Box 38033
Murdock, FL 33938-0033

Position Applied for: Committee Man, Committee Woman, Alternate for: _____

Name: _____ DOB (m/d/y) _____ Precinct # _____

Address: _____

City, State, Zip (+4) _____

Mailing Address: (if different) _____

City, State, Zip (+4) _____

Telephone (Home) _____ (Work) _____ Cell _____

Email (print clearly) _____ Mark here if you prefer mail only

1. Years in Charlotte County as: a resident _____, a registered Republican _____. Years as a Republican _____.
2. Have you ever worked for or supported a candidate or political party other than Republican? If so, please Identify by name, party, and date(s). _____.
3. Present occupation, employer, and nature of work. _____.
Former occupation(s), employers, and nature of work. _____.
4. Please briefly recount any past precinct experience and/or work for the Republican Party: _____.
5. Others affiliations: (military, civic, fraternal, political, etc.) _____.
Please state your educational background, including degrees, credits, certifications, licenses, specialized training, etc., (dates and sponsoring institutions) _____.
6. Have you ever been arrested, convicted of a crime, or been the subject of disciplinary proceedings?
 No, Yes. If yes, please identify the entity involved, the date(s), and the nature of the charge or offense. _____.

Committee Interest (Please check all that apply. All members must join at least one committee.)

- | | | | |
|--|--|---|---|
| <input type="checkbox"/> Appointments | <input type="checkbox"/> Credentials | <input type="checkbox"/> Media Relations | <input type="checkbox"/> Publicity |
| <input type="checkbox"/> Audit | <input type="checkbox"/> District Mobilization | <input type="checkbox"/> Membership | <input type="checkbox"/> Voter Registration |
| <input type="checkbox"/> Bylaw Review & Revision | <input type="checkbox"/> Get Out the Vote | <input type="checkbox"/> Member Education | <input type="checkbox"/> Ways & Means |
| <input type="checkbox"/> Candidate Development | <input type="checkbox"/> Grievance | <input type="checkbox"/> Operations | <input type="checkbox"/> Young Republicans |
| <input type="checkbox"/> Communications Technology | <input type="checkbox"/> Legislative Relations | <input type="checkbox"/> Outreach | <input type="checkbox"/> Other: _____. |
| <input type="checkbox"/> Constitutional Education | <input type="checkbox"/> Lincoln Day | <input type="checkbox"/> Program | |

Special Skills (Please check any and all that apply)

- | | | | |
|--|---|---|--|
| <input type="checkbox"/> Fundraising | <input type="checkbox"/> Poll Worker | <input type="checkbox"/> Telephone Banks | <input type="checkbox"/> Precinct Committee person |
| <input type="checkbox"/> Chaplain | <input type="checkbox"/> Program/Speakers | <input type="checkbox"/> Headquarters Volunteer | <input type="checkbox"/> Other: _____. |
| <input type="checkbox"/> Campaign Work | <input type="checkbox"/> Legislation | <input type="checkbox"/> Technology | |
| <input type="checkbox"/> Data Base | <input type="checkbox"/> Newsletter/Photography | <input type="checkbox"/> Legal | |

I agree to support the Republican Party, Republican Candidates and to fulfill the duties of this elected office.

Signed: _____ **Date** _____

Please list the name and phone number of your sponsor who must be a member of the Republican Executive Committee

Name of Sponsor: _____ **Phone** _____

Please attach a copy of the front of your Voter Registration Card and Driver's License or present them to the Membership Committee