



To: **Prospective Member** of the **Accomack Republican Party (A.R.P.)**

From: Sam Sellard, Chairman of A.R.P.

Please type or print the requested information on this application and return the form with your dues. Single membership is \$15. Family membership is \$25. Make check payable to **ARP**. Annual membership is from June until June. Mail completed application with dues to **ARP P.O. Box 508 Melfa, VA 23410**. For questions call the A.R.P. Treasurer at 757-787-2058.

Type of membership (✓ one): Single Family

Name (last name, first name): _____, _____

2nd family member (last name, first name): _____, _____

Address: _____

City: _____ Zip Code: _____

Home Phone: ____ - ____ - ____ Cell: ____ - ____ - ____ 2nd family member cell ____ - ____ - ____

Email: _____ 2nd family member email: _____

Precinct (# or town): _____

Are you interested in volunteering? Yes No In what way would you like to help? _____

Required by State Law:

Occupation: _____ 2nd family member occupation: _____

Employer: _____ 2nd family member employer: _____

City/State of employer: _____ / _____ 2nd family member City/State of employer: _____ / _____

All legal and qualified voters, regardless of race, religion, color, national origin or sex, under the laws and ordinances of Accomack 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 member of the Republican Party of Accomack County, Virginia in its Mass Meetings, Party Canvasses, Conventions or Primaries in their respective Election Districts.

Signature: _____

Date: ____/____/____

Signature 2nd family member: _____

Date: ____/____/____



WELCOME NEW MEMBERS