



APPLICATION FOR MEMBERSHIP

Republican Executive Committee of St. Lucie County
6835 South U.S. Highway No 1
Port St. Lucie, FL 348952

Full Name: _____ DOB (mm/dd/yy): _____ Precinct No. _____

Address: _____

City, State, Zip: _____ (Include 4

digits) Mailing Address: _____

City, State, Zip: _____

Telephone Day: _____ Evening _____

Cell Phone: _____ Fax: _____

Email: _____ Committee Person Alternate

1. Please send my Agenda and Minutes by email Yes No
2. Years as a registered Republican _____ Years registered in St. Lucie County _____
3. Present place of employment & occupation _____
_____ Check if retired
4. Please briefly recount any past precinct experience and/or work for the Republican Party:

5. Other affiliations: _____

6. Have you been convicted of a felony? Yes No

SPECIAL INTERESTS (check any interest)

<input type="checkbox"/>	Auditing and Budget	<input type="checkbox"/>	Membership
<input type="checkbox"/>	Fundraising Events for the Executive Committee	<input type="checkbox"/>	Newsletter
<input type="checkbox"/>	Get Out the Vote Program	<input type="checkbox"/>	Telephone Banks
<input type="checkbox"/>	Hospitality	<input type="checkbox"/>	Photography
<input type="checkbox"/>	Headquarters Administrative Volunteer	<input type="checkbox"/>	Poll Watcher
<input type="checkbox"/>	Legislation	<input type="checkbox"/>	Voter Registration
<input type="checkbox"/>	Marketing/Public Relations	<input type="checkbox"/>	
<input type="checkbox"/>	Other:	<input type="checkbox"/>	

Applicant Signature: _____ Date: _____

Name of Committee Sponsor: _____ Sponsor Phone: _____

Please attach a copy of the front of your Voter Registration Card and Driver's License, and completed RPOF Loyalty Oath and State of Florida Loyalty Oath for Precinct Committeeman and Committeewoman.